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HARRISON WILLIAMS

FIRST ANNUAL REPORT

OF

THE NEUROLOGICAL  
INSTITUTE

OF

NEW YORK

M. COLLECTION

FOR THE YEAR ENDING  
NOVEMBER 30TH, 1910

NEW YORK CITY  
149-151 EAST 67TH STREET





Series

A

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Specimen

H. 611







FIRST ANNUAL REPORT  
OF  
THE NEUROLOGICAL  
INSTITUTE  
OF  
NEW YORK

FOR THE YEAR ENDING  
NOVEMBER 30TH, 1910

NEW YORK CITY  
149-151 EAST 67TH STREET



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GEORGE G. FRELINGHUYSEN,  
*Vice-President.*

ROBERT P. PERKINS,  
*Secretary.*

OTTO H. KAHN,  
*Treasurer.*

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*Chairman.*

H. K. KNAPP,  
PAUL WARBURG,

HARRISON WILLIAMS,  
FRANK L. POLK.

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*Chairman.*

ELBERT H. GARY,

CHARLES STEELE.

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## TRUSTEES.

RICHARD H. WILLIAMS,  
OTTO H. KAHN,  
ROBERT P. PERKINS,  
ISAAC TOWNSEND,  
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CHARLES STEELE,  
EDWARD T. DEVINE,  
GEORGE G. HAVEN, JR.,  
HARRISON WILLIAMS,  
THOMAS F. RYAN.

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JOSEPH FRAENKEL, M.D.

PEARCE BAILEY, M.D.

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Otologist.

EDWARD BRADFORD DENCH, M.D.

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WARD A. HOLDEN, M.D.

Surgeon.

CHARLES A. ELSBERG, M.D.

Associate Surgeon.

ALFRED S. TAYLOR, M.D.

**Director of Laboratory.**

DAVIS M. KAPLAN, M.D.

**Director of Histological and Neurological Laboratory.**

EDWIN G. ZABRISKIE, M.D.

**Anesthetist.**

JAMES H. KENYON, M.D.

**Radiologist.**

LEWIS G. COLE, M.D.

**Chiefs of Clinic.**

R. FOSTER KENNEDY, M.D.,                      LOUIS CASAMAJOR, M.D.  
 EDMUND M. BAEHR, M.D.

**Assistants to Surgeon.**

EDWIN BEER, M.D.,                      HAROLD NEUHOF, M.D.

**Clinical Assistants.**

SMITH ELY JELLIFFE, M.D.,              W. C. HERRING, M.D.,  
 H. CLIMENKO, M.D.,                      WALTER TIMME, M.D.

**House Physicians.**

DR. C. G. TAYLOR, ..... service of DR. FRAENKEL.  
 DR. H. S. OGILVIE, ..... service of DR. BAILEY.  
 DR. ROBERT G. ARMOUR, ..... service of DR. COLLINS.

**Electrotherapy.**

DR. O. B. AMES, Director.                      MRS. L. HENLY, Assistant.

**Mechanotherapy and Fraenkel Movements.**

DR. HYALMAR V. BARCLAY, Director.

**Hydrotherapy.**

MRS. M. E. CRAW,                      MR. A. R. MARSHALL.

**Massage.**

MR. CHARLES NELSON, Director.

MR. M. BRUINSGAARD,                      MISS T. CHRISTOPHSON,  
 MISS M. A. LARSON,                      MISS E. LINDBERG.

**Folk Dancing.**

MISS W. M. PALMER.

**Gymnastics.**

MR. N. NIEDEREE,                      MRS. M. M. DE LA MOTTE.

**Occupations.**

MISS HELEN A. TUCKER, M.A.

**Social Research.**

MR. FREDERICK W. ELLIS.

**SUPERINTENDENT.**

ALEXANDER H. CANDLISH.

---

**Supervisor of Nurses.**

AMY M. HILLIARD, R.N.

**Cashier.**

EDWARD A. POWERS.

**Housekeeper.**

GERTRUDE E. SWART.

**Night Supervisor.**

GRACE McCRADY, R.N.

**Dispensary Supervisor.**

LAURA PEARS, R.N.

**Operating Room.**

ESTHER RIVINGTON, R.N.

**Private Floors.**

GRACE BRUCE, R.N.

**Women's Wards.**

CAROLINE MacMILLAN.

**Men's Wards.**

LILIAN RADCLIFF, R.N.

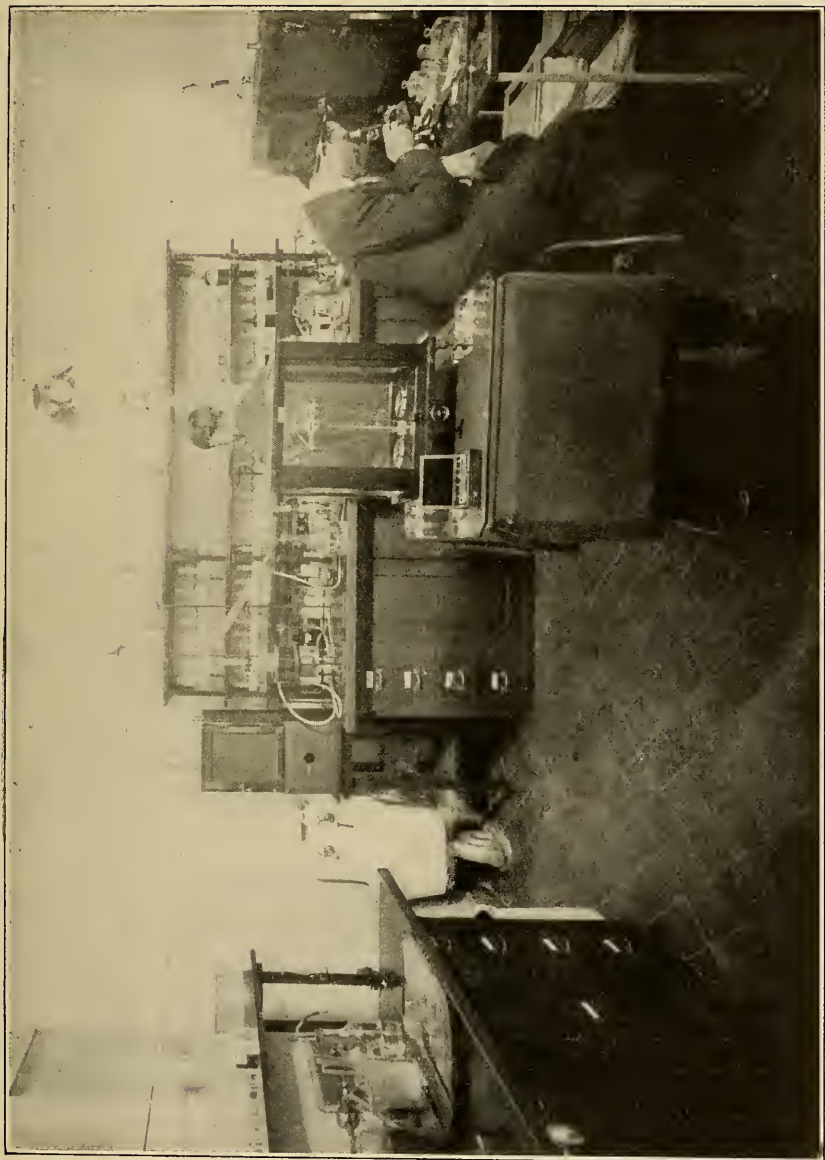
## DONATIONS.

Paul M. Warburg, .....	\$10,000 00
Otto H. Kahn, .....	5,000 00
Mrs. Wm. Bliss, .....	5,000 00
Miss Cora Barnes, .....	5,000 00
Herbert M. Sears, .....	5,000 00
A. M. Heinsheimer, .....	5,000 00
James Loeb, .....	7,500 00
Mrs. Wm. Goddard, .....	1,500 00
Roswell Eldridge, .....	500 00
Mrs. Oliver Iselin, Jr., .....	1,000 00
Interest to date, .....	492 64
Thos. F. Ryan, .....	10,000 00
Mrs. F. S. Smith, .....	500 00
M. H. Furland, .....	100 00
J. N. Seligman, .....	250 00
Mrs. Phillip H. Livermore, .....	1,000 00
M. L. Schiff, .....	5,000 00
F. M. Warburg, .....	5,000 00
Mrs. B. B. Sloan, .....	100 00
G. Baum, .....	25 00
Dr. J. A. Blake, .....	100 00
Jacob H. Schiff, .....	5,000 00
Interest, .....	572 78
N. Y. Foundation, .....	1,250 00
R. H. Williams, .....	1,320 00
R. P. Perkins, .....	1,000 00
Hy. DeForrest Weeks, .....	100 00
Geo. R. Perkins, .....	25 00
Mrs. J. N. Seligman, .....	1,000 00
Mrs. J. Clifford Rennard, .....	200 00
H. W. Knapp, .....	1,345 00
Dr. Charles S. Elsberg, .....	156 82
Mrs. Otto H. Kahn, .....	138 65
	<hr/>
	\$80,175 89

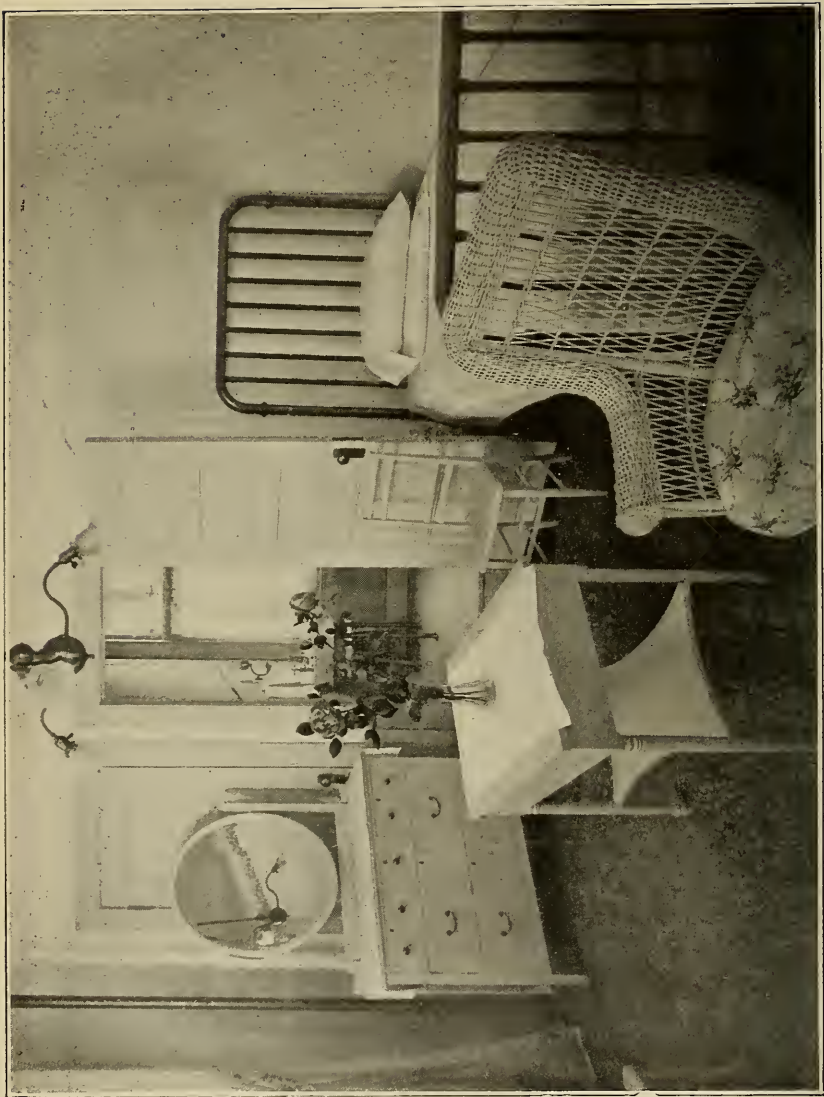
## ENDOWMENT.

Semi-primate room endowed by the friends of Louis A. Heinsheimer in his memory, 1910.





LABORATORY.



PRIVATE ROOM WITH BATH.

# Statement of Receipts and Disbursements of the Neurological Institute of New York for the Fiscal Year Ending November 30, 1910.

## Receipts.

To Gross Earnings from:	
Private patients, .....	\$37,355 79
Ward patients, .....	23,716 68
Special nursing, .....	6,649 51
Dispensary and treatment, .....	5,108 81
Miscellaneous receipts, .....	461 05
	<hr/>
Less accounts receivable, .....	\$73,291 84
	3,051 34
	<hr/>
Cash receipts, .....	\$70,240 50
Advance payments received from patients, .....	544 74
Donations—Details on page 10, .....	80,175 89
	<hr/>
	\$150,961 13
	<hr/>

## Disbursements.

Salaries and wages, .....	\$43,308 77
Provisions and supplies, .....	29,074 35
Rent, .....	16,038 83
Medical and surgical supplies, .....	2,790 73
House supplies, .....	2,887 58
Laundry supplies, .....	5,402 63
Printing and stationery, .....	2,594 22
Telephone and telegraph, .....	1,400 93
Repair and plumbing supplies, .....	2,801 51
Fuel and light, .....	6,368 43
Hospital sundries, .....	774 40
	<hr/>
	\$113,442 38
Less bills payable, .....	8,056 64
	<hr/>
	\$105,385 74
Rent while hospital being remodelled, .....	5,625 00
Roof Garden expenses, .....	878 64
Apparatus and instruments, .....	8,504 86
Furniture, fixtures and equipment, .....	23,835 16
General merchandise, .....	22 76
Prepaid expenses, .....	89 96
	<hr/>
Total disbursements, .....	\$144,342 12
	<hr/>
Balance in Fidelity Bank, .....	\$185 39
Cash in hand of Superintendent, .....	900 00
Balance in hands of Treasurer Nov. 30, .	5,533 62
	<hr/>
	\$6,619 01
	<hr/>
	\$150,961 13
	<hr/>

## REPORT OF EXECUTIVE PHYSICIAN.

---

*To the Board of Trustees of the Neurological Institute of New York:*

*Dear Sirs.*—In behalf of the Medical Board I have pleasure in presenting you herewith a tabulated account of the work done by the Neurological Institute during the first twelve months of its existence.

The first steps toward founding the Neurological Institute were taken in March, 1909, when a few public spirited and influential men, all of whom subsequently became sponsors of the Institute, were asked to listen to a statement of the need which New York City had for such a hospital and to a plea for its establishment. The building which we now occupy was rented July 1, 1909, but it was not until October 1st that alterations were undertaken. The hospital opened for the reception of patients November 30, 1909. Almost from the first day, the demand that the sick poor made upon it showed that it was inadequate to care for the number that sought aid. It is nearly incredible that we have been able to take care of the number of patients that our statistics show have been in the Hospital and Dispensary. It has been accomplished only by the closest personal attention and care of the members of the Medical Board and their assistants. You will note that more than 3,100 new patients came to the Dispensary for diagnosis and treatment. This is an average of upward of ten new patients a day. When you consider that it is next to impossible satisfactorily to interrogate and examine a patient with nervous disorder in less than an hour, you will gain some idea of the time which this number of patients consume and the number of assistants it has been necessary to have in order that they should have satisfactory consideration. Our statistics would have been much larger in this department were it not that we were obliged to enforce the rule that only ten new patients should be allowed to enter in one day. On several occasions an equal number were turned away. As



you know the facilities of the out-patient department have been increased and we now have adequate room for six physicians to work there simultaneously.

The Hospital has eighty beds—fifty in the wards and thirty in private rooms and during the year there have been admitted eight hundred and twenty-five patients. When you remember that many nervous, mental and metabolic disorders are of a chronic nature, and that their victims are inclined to tarry a long time in the hospital, you will appreciate that this is a large number for a small hospital. One thing above all others has been impressed upon the physicians to the Institute by this year's work in the wards, and that is the great uplift that many patients with chronic disease, some of which are incurable, get from a few weeks in a hospital where they are subject to remedial measures of a non-medicinal nature.

Although the Neurological Institute is designed for the study and treatment of nervous and mental diseases, we have made no attempt to handle frank cases of insanity. We have had a large number of patients with mental symptoms, but in the majority of them these were not sufficient to constitute insanity. We believe that many cases of insanity have been averted by the prompt recognition of the gravity of certain symptoms and by the vigorous treatment which was adopted to overcome them. Every patient who developed symptoms which warranted certification were sent to licensed institutions.

The number of surgical operations that were performed during the year, and their character is set forth in the accompanying table. The work in this field has grown rapidly and already we have been obliged to ask you to increase our facilities for doing this branch of the work. It is probable that there is no department of the healing art in which specialization is more justified than that of neurological surgery. It is not hazarding one's reputation as a prophet to say that a generation hence the general surgeon will operate for brain and spinal cord disease as often as he does now for cataract, that is, never, unless compelled to do so. No man can become a competent neurological surgeon who has not had a neurological training and who is not at home in the experimental laboratory. These the Institute that you foster, is aiming to provide; and we may legiti-

mately venture the hope that within a short time those who are so unfortunate as to require neurological surgery, will not be obliged to go from the metropolitan city of this country to small sister cities that they may have the skill of an expert.

The report of the director of the laboratory shows that there have been 2,686 examinations made, of the various excretions and secretions of the body. Reference to the table in which these examinations are charted according to quarters of the year will show that during the last quarter nearly four times as many examinations were made as during the first quarter. This gives some indication of the growth of the laboratory and it is suggestive of what will be necessary when a new building provides adequate facilities for the different departments. The Clinical and Histological laboratory which is adjacent to the Chemical and Pathological laboratory and which has been developed only during the last few months is now completely equipped and in full operation.

Amongst other ways in which this hospital distinguishes itself from all others is in its departments for applied therapeutics. It is safe to say that no institution is so well equipped for the utilization of water, heat and super-heated air, electricity, Zander exercises, massage, calisthenics, reeducational movements, etc., as the Neurological Institute of New York. That these therapeutic measures have been utilized is shown by the fact that upward of 10,000 treatments were given during the first year. Really much of the success of the hospital is dependent upon the fact that patients at once realize that here something tangible is being done for the relief of their ailments; something more than the mere administrations of medicines and custodial care.

The occupation and recreation department on the roof has been one of the most successful features of the hospital. The daily report of the Director of Occupations made to the Executive Physician, shows that there has been an average of 40 hours work a day done in the occupation rooms. This work consisting of basketry, brass hammering, modelling clay, weaving, knitting, sewing, embroidery, has been of the greatest service in occupying patients in the intervals between their treatments, which would otherwise be given over to self contempla-

tion to their detriment. The recreation department which consists of shuffle board, quoits, medicine ball, basket ball, tether tennis, punching bag, fencing, boxing, dancing, class gymnastics and folk dancing has been under the direction of three specialists. A well-known teacher of gymnastics has given a class daily for men, and one for women. A teacher of folk dancing has given a class three times a week, which has been of great service, and not only of benefit to those participating, but apparently enjoyable to those who look on. Dr. O. B. Ames has succeeded in bringing the recreation department up to a point of great efficiency.

The work is hampered by our having no facilities for after care. Many of the patients who leave the wards are still unable to work and need further care. Many of the ambulant could be cared for in the country quite as well as in the city. In both cases a country branch would greatly increase our efficiency and work a material economy in our expenditures.

This hospital has demonstrated three things: First, the necessity for the existence of a hospital for the study and treatment of nervous and mental diseases. Second, that the facilities which the present building provides, no matter how great the personal attention, is inadequate. Third, that in order properly and fully to carry on the work that has been initiated in this hospital, a country branch or sanatorium division of the hospital is urgently needed. The Medical Board have unanimously decided upon a property for the location of a country branch and we hope that within a few weeks the Institute will be in possession of it. The generosity of a friend of one of your Board has made it possible by the gift of \$100,000 to proceed at once with the development of this plan. It is our hope to develop it on the village colony plan and to make the educational element of it the central one.

A proper city hospital to care for 150 patients is urgently needed. It should be centrally located so that it is easy of access to the large ambulatory patronage which it will have and it should have facilities for caring for at least 20 new patients a day. It should have laboratory facilities—chemical, pathological, psychological and clinical that will permit us to study and interpret the material which such a hospital will draw.

Finally and most important it should provide ample facilities

for instruction to physicians, nurses, trainers, attendants and special workers of all kinds.

We believe that the vital element of our work is educational. Those who are sick may profit from the Institute's existence now, but the great profit that shall come to all mankind throughout the country will come through the ministration and example of those who are taught here in special fields. Within a few years we should have throughout the country physicians, and special workers in the field of the treatment of nervous disease who have been convinced from what they have seen here that the therapeutics of nervous disease is not a barren field, but one in which the skilled workman may reap a rich harvest. Such teaching must be personal and individual. It can be imparted in no other way.

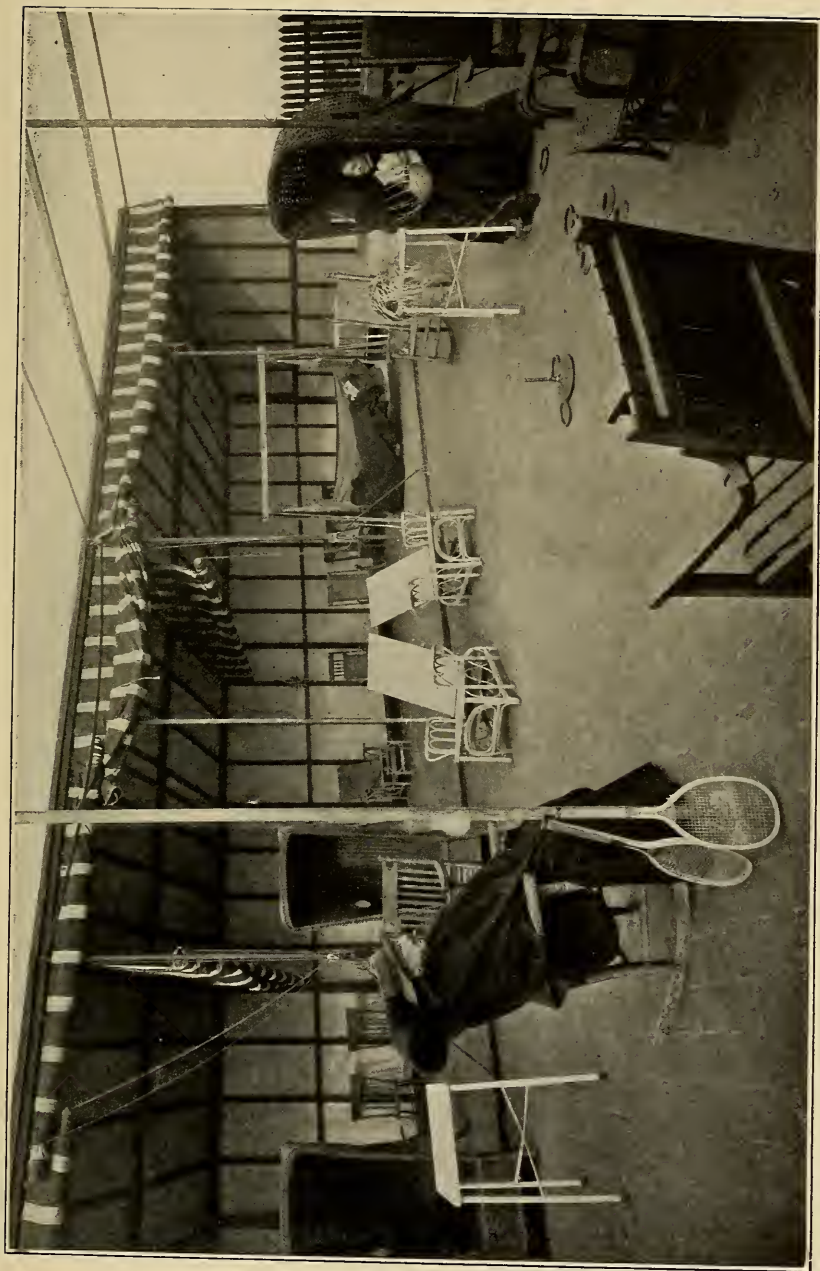
The facts upon which such teaching is founded must emanate from the laboratories and from experience at the bedside. Scientific study must be the source from which they flow.

Our duties and privileges as an educational institution are not circumscribed even by such instruction. The atypical child must be studied and interpreted here and the possibilities that life holds for him must be defined. The moral delinquent while still taking faltering steps must be steadied, and oriented and explained. The shy, the sensitive, the obsessed, the neuropath, and the psychopath must be got hold of early if their potentialty for suffering and inadequacy is to be reduced and conquered.

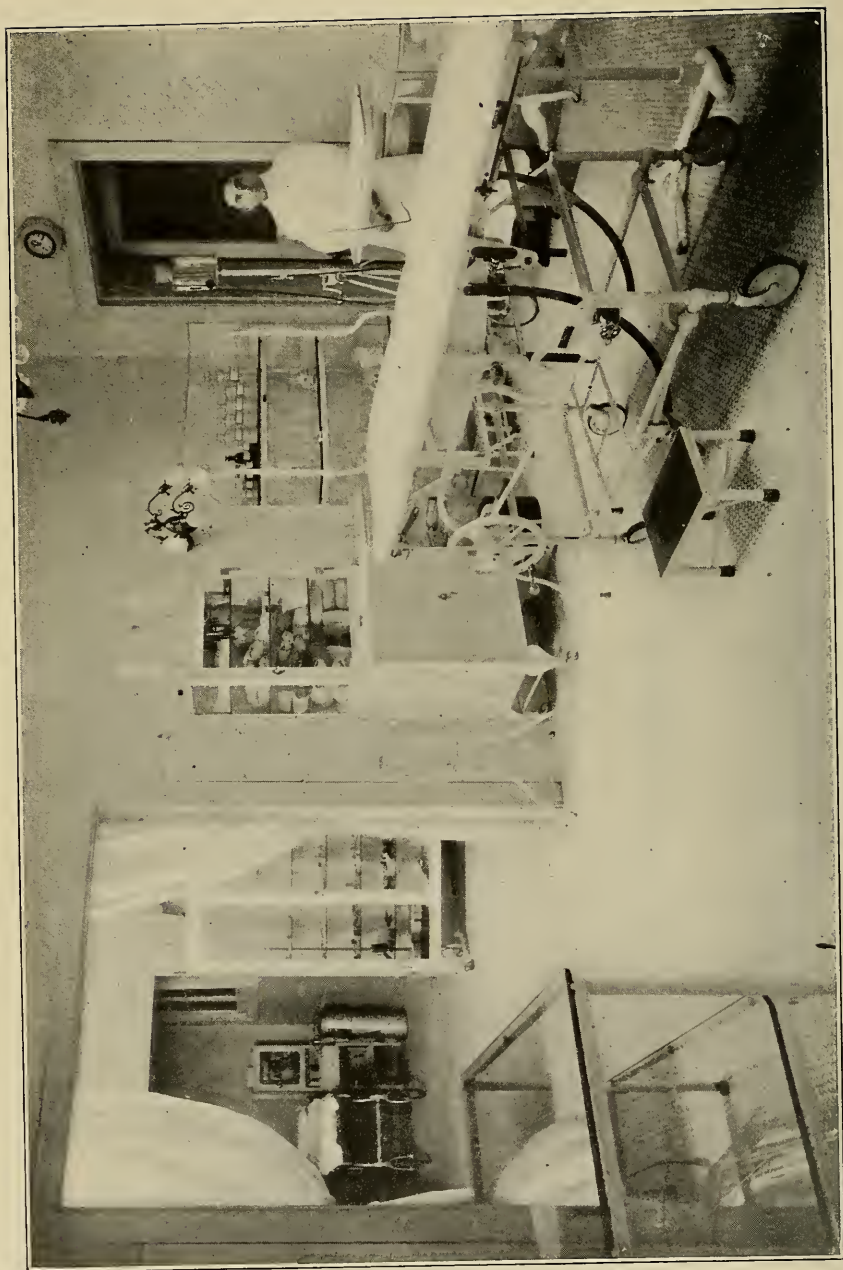
Respectfully submitted,

JOSEPH COLLINS,  
*Executive Physician.*





PORTION OF ROOF GARDEN.



OPERATING ROOM.

## SUPERINTENDENT'S REPORT.

---

*To the Board of Trustees of the Neurological Institute of New York:*

*Gentlemen.*—Herewith the Superintendent of the Neurological Institute presents his report for the year ending November 30, 1910.

The opening of the Institute antedated his coming about four months. It was evident that several alterations would have to be made in the building to have it suitable for the general efficiency of the departments.

In order that better ventilation might be obtained and that a greater number of patients be accommodated in the male ward, it was found necessary to have several partitions removed, thus enabling twenty-two patients to be accommodated in the ward.

The clinical laboratory was increased in size by the addition of an adjoining room, and the pantry of the second floor was enlarged.

A section of the sixth floor hallway was reconstructed for an ophthalmological examination room. The Dispensary waiting room was enlarged by the removal of partitions, thus affording accommodation for the ever-increasing number of patients.

Following these alterations the building was renovated throughout.

The utilization of the roof garden was first commenced through the generosity of Mrs. Otto H. Kahn. A thirty foot roof porch for the patients was built and furniture for the roof supplied. Subsequently through the generosity of Mrs. Phillip H. Livermore, awnings were purchased and flowers and shrubs planted. These added much to the pleasure and comforts of the patients. Since that time two additional houses have been built on the roof, one of which is used as a shelter for those taking open air treatment and the other for the Arts and Crafts room. The roof has been further improved to give facilities for folk dancing and such games as tether tennis, shuffle board, medicine

ball, hand ball, quoits, etc. Good cheer and good health result from these exercises.

From the roof to the basement very good work is being effected by the Supervisor of Nurses. The personnel of the nurses is improved and the patients are well cared for. This, on account of our crowded condition, is at all times fraught with difficulty.

A competent bookkeeper has charge of the department of accounts. The books are carefully examined monthly, through the kindness of Mr. Harrison Williams, by an accountant from his office.

The following statistics show to some extent, the work done during the year:

Number of house patients during year, .....	825
Number of paying patients, .....	722
Number of free patients, .....	108
Number of operations performed, .....	70
Number of days of hospital care, .....	19,671
Number of days of hospital care free of charge, .....	2,122
Number of new dispensary patients, .....	3,145
Number of dispensary days, .....	301
Number of visits to dispensary, .....	13,208
Number of prescriptions filled, .....	736
Number of treatments given and revisits to dispensary, .....	13,208

In closing this report, the Superintendent thanks the President and Trustees for their co-operation with him. And the cordial and helpful assistance given him by the heads of the different departments is heartily appreciated.

Respectfully submitted,

ALEXANDER H. CANDLISH.



December 10, 1910.

*To the Medical Board of the Neurological Institute:*

I beg to enclose the report of the operations performed in the Surgical Department from January 6, 1910, when the department was opened, up to and including December 10, 1910.

The report shows the number of operations performed, not the number of patients operated upon. In a number of cases, the operations were done in two stages. As the report shows the operations performed and not the diseases surgically treated, I have stated only the operative results. A number of the patients have been or will be cured; others in whom palliative operation was performed have been relieved.

Respectfully submitted,

CHARLES A. ELSBERG,  
*Surgeon.*

### Operations Performed in the Surgical Department.

Operations upon the brain and its membranes, .....	15
Operations upon the spine, spinal cord and membranes, .....	21
Operations upon the peripheral nerves, .....	21
Miscellaneous operations, .....	13
Total number of operations, .....	70
Operative recovery, .....	64

#### *Operations upon the Brain and its Membranes—15.*

	<i>Total</i>	<i>Recovery</i>	<i>Death</i>
Decompressive craniotomy, subtemporal, for brain tumor with threatened blindness, .....	5	4	1
Primary craniotomy for Jacksonian epilepsy, .....	2	2	0
Secondary excision for cortical areas for Jackson epilepsy, .....	1	1	0
Secondary excision of cortical areas for Jacksonian epilepsy, .....	1	1	0
Drainage of cystic glioma of parietal lobe, .....	1	1	0
Craniotomy for trigeminal neuralgia, .....	1*	1	0
Primary craniotomy for tumor in posterior fossa, .....	2(1*)	2	0
Secondary exploration for tumor in posterior fossa, tumor of pons, inoperable, .....	2	1	1

(1) One patient died after 10 weeks, probably from the primary tumor in some other part of the body.

\*Still in hospital.

*Operations upon the Spine, Spinal Cord, and Membranes—21.*

	<i>Total</i>	<i>Recovery</i>	<i>Death</i>
<b>Primary Laminectomy—13.</b>			
for tumor of cord or cauda equina, .....	4(1*)	3(1)	1
for hematomyelia, .....	1	1	0
section of posterior spinal roots for spasticity, .....	5(2*)	5	0
section of posterior spinal roots for stump neuralgia, .....	1	1	0
for inflammatory disease of posterior spinal roots, .....	1	1	0
for osteoarthritis of vertebrae, .....	1	1	0
exploratory—			
ascending cervical myelitis, .....	2	0	2
suspected spinal tumor, .....	1(1*)	1	0
<b>Secondary operations after laminectomy—5</b>			
incision of dura, removal of intramedullary tumor, .....	1	1	0
incision of dura, removal of tumor of cauda equina, .....	1*	1	0
section of posterior roots, .....	2	2	0
extrusion of intramedullary clot in hematomyelia, .....	1*	1	0

*Operations upon the Peripheral Nerves incl. Alcohol Injections—21.*

Excision of supraorbital and infraorbital nerves for neuralgia, .....	1	1	0
Intracranial neurectomy, .....	1*	1	0
Alcohol injections for trigeminal neuralgia, ....	16	16	..
Of these—			
relief, .....	10	..	..
further op., .....	2	..	..
result unknown, .....	4	..	..
Alcohol injection, facial tic, .....	1	..	..
Infiltration of sciatic nerve with saline solution for sciatica, .....	2	..	..

*Miscellaneous Operations—13*

Hemithyroidectomy, dementia praecox, .....	1*	1	0
Hemithyroidectomy for Basedow's Disease, ....	1	1	0
Appendectomy, acute appendicitis in Basedow's Disease, .....	1	1	0
Exploratory laparotomy, division of bands, ...	1	1	0
Appendectomy, pylorospasm, .....	1	1	0
Gastro-enterostomy, duodenal ulcer, gastric neurosis, .....	1	1	0
Circumcision, reflex epilepsy, .....	1	1	0
Tenotomy, pes varus after poliomyelitis, .....	1*	1	0
Tenotomy and tenoplasty, excision of astragalus, for deformities after poliomyelitis, .....	*	1	0
Amputation of foot, thrombo-angiitis, .....	1	1	0
Excision of chondroma of ilium, .....	1	1	0
Brisement forcé, subacromial bursitis, .....	1	1	0
Extraction of foreign body from finger, .....	1	1	0

\*Still in hospital.

## CAUSE OF DEATH AFTER OPERATION.

1. Three days after subtemporal decompression with all of the tumor symptoms exaggerated.
2. Meningo-myelitis two weeks after operation for Jacksonian Epilepsy.
3. Inoperable tumor of pons; death one hour after exploratory operation, from shock.
4. Four hours after operation for intramedullary tumor of cervical spinal cord from respiratory paralysis.
- 5, 6. Exploratory laminectomy, ascending central myelitis of cervical cord; death within 24 hours after operation with medullary symptoms.

*To the Board of Trustees:*

As there has been urgent need of a course in nursing of nervous diseases and very limited opportunity for nurses adequately to prepare themselves to undertake this branch of nursing, a six months' post graduate course, consisting of practical instruction in the wards and special departments of the Hospital, together with lectures and demonstrations by members of the medical and nursing staff, was begun September 1, 1910.

Maintenance and \$20.00 monthly for the first three months, and \$25.00 monthly for the last three months, is allowed each nurse.

Lectures and demonstrations are as follows:

**Lectures.**

The Organization of Neurological Hospitals, .....	Dr. Collins.
Nursing in Nervous Diseases, .....	Dr. Bailey.
The Psychic Management of Nervous Diseases, .....	Dr. Fraenkel.
Emergency Care of the Insane, .....	Dr. Jelliffe.
Delusions—Hallucinations, .....	Dr. Jelliffe.
Nursing in States of Depression, .....	Dr. Casamajor.
Nursing on Cases of Dementia, .....	Dr. Casamajor.
Nursing in States of Excitement, .....	Dr. Ricksher.
Nursing of Inebriates, .....	Dr. Ricksher.
Nursing in Brain Diseases, .....	Dr. Kennedy.
Nursing in Peripheral Nerve Diseases, .....	Dr. Kennedy.
Nursing in Spinal Cord Diseases, .....	Dr. Baehr.
Post Operative Nursing in Nervous Diseases, .....	Dr. Elsberg.
Diet in Nervous Diseases, .....	Dr. Fraenkel.
Hydrotherapy, .....	Dr. Taylor.
Electrotherapy, .....	Dr. Darling.
Mechanotherapy, .....	Dr. Ames.
Social Service Work, .....	Mr. Ellis.
The Point of View, .....	Mr. Ellis.
Exercises of Re-education, .....	Dr. Barclay.
Laboratory Analysis, .....	Dr. Kaplan.
Ethics, .....	Miss Hilliard.
Reading and the Choice of Books, .....	Dr. Collins.



## Demonstration.

Exercises of Re-education, .....	Dr. Barclay.
Individual Instruction.	
Hydrotherapy, .....	Mrs. Craw.
Tuesdays, Thursdays, Saturdays, 1-2 P. M.	
Electrotherapy, .....	Dr. Ames.
Individual Instruction.	
Mechanotherapy, .....	Mr. Nelson.
Individual Instruction.	
Invalid Occupations, .....	Miss Buck.
Tuesdays, 7.30-8.30 P. M.; Fridays, 1.30-3.00.	

From our announcements of the course we have received the following results:

118 letters of inquiry concerning the course.  
 58 application papers sent in.  
 27 nurses entered.

2 called home.  
 4 resigned.  
 3 resigned, illness.  
 4 discharged.  
 14 on duty.

## Nursing Staff.

### *Operating Room.*

Miss Rivington.

### *Private Floors.*

Miss Bruce; 5 Post Graduate Nurses; 1 Orderly.

### *Third Floor.*

Miss Macmillan; 4 Post Graduate Nurses; 1 Assistant Nurse.

### *Second Floor.*

Miss Radcliffe; 3 Post Graduate Nurses; 1 Surgical Nurse; 1 Orderly.

### *Dispensary.*

Miss Pears; 1 Graduate Nurse; 1 Post Graduate Nurse; 2 Assistant Nurses.

### NIGHT DUTY.

*Night Supervisor*—Miss MacCrady.

4 Graduate Nurses; 2 Assistant Nurses; 1 Orderly.

**Maids and Porters.***Private Floors.*

2 Pantry Maids; 2 Floor Maids.

*Women's Ward.*

1 Pantry Maid; 2 Ward Maids.

*Men's Ward.*

1 Pantry Maid; 1 Porter.

I wish to express my appreciation to Dr. Joseph Collins for his co-operation in establishing the Post-Graduate Course, to the members of the Medical Staff for their instruction to the nurses. and to the Superintendent of the Hospital, and the Training School Committee for their interest in providing the best conditions possible for the nurses.

Respectfully submitted,

AMY M. HILLIARD,  
*Supervisor of Nurses.*

TABLE I.

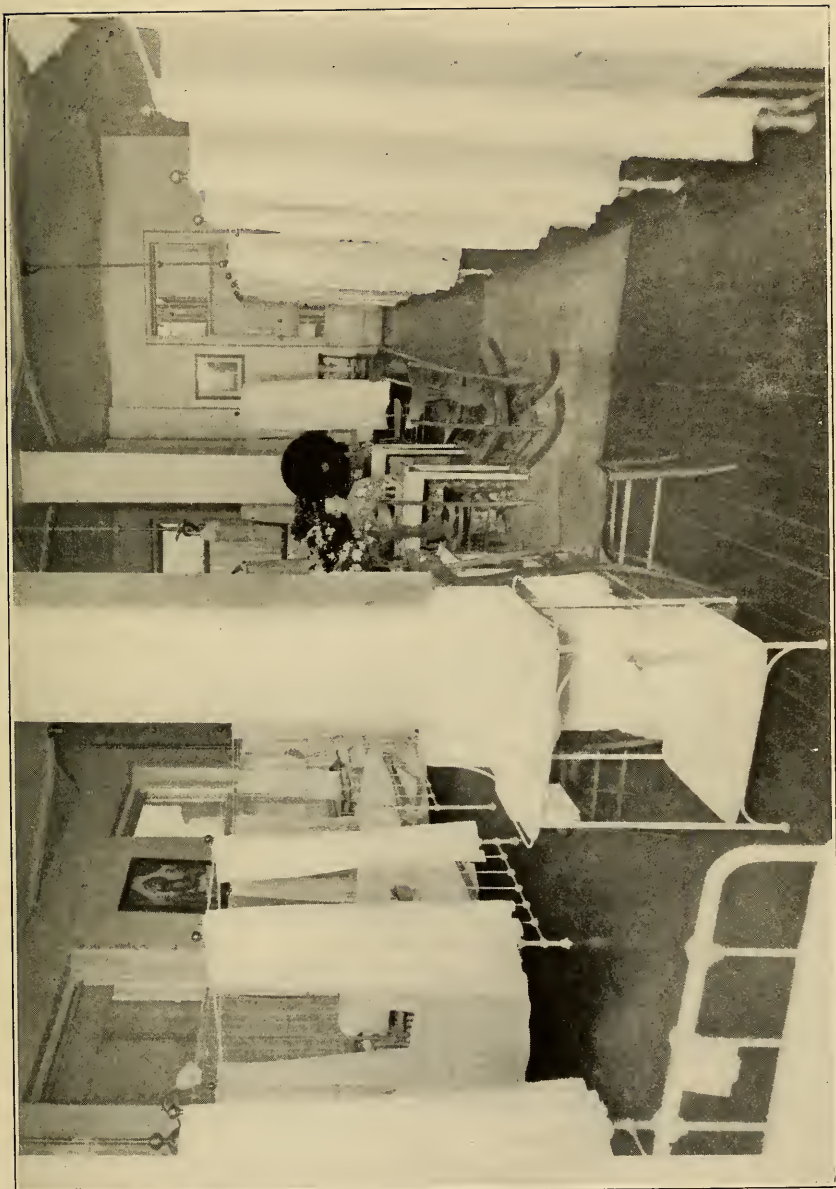
Admissions, Discharges, Deaths and Number Remaining in the Different Services of the Hospital for 1910.

SERVICE.	ADMITTED.			TOTAL TREATED.			DIS-CHARGED.			RECOVERED AND IMPROVED.			UNIMPROVED.			NOT TREATED.			DIED.			REMAINING NOV. 30, 1910.		
	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.
Dr. Collins, .....	182	242	424	173	236	409	170	227	397	110	170	280	48	46	94	9	6	15	3	5	8	12	15	27
Dr. Fraenkel, .....	102	144	246	97	137	234	93	130	223	65	86	151	20	33	53	5	7	12	3	4	7	9	14	23
Dr. Bailey, .....	77	78	155	75	76	151	65	69	134	39	40	79	22	25	47	2	2	4	2	2	4	12	9	21
Total, .....	361	464	825	345	449	794	328	426	754	214	296	510	90	104	194	16	15	31	8	11	19	33	38	71

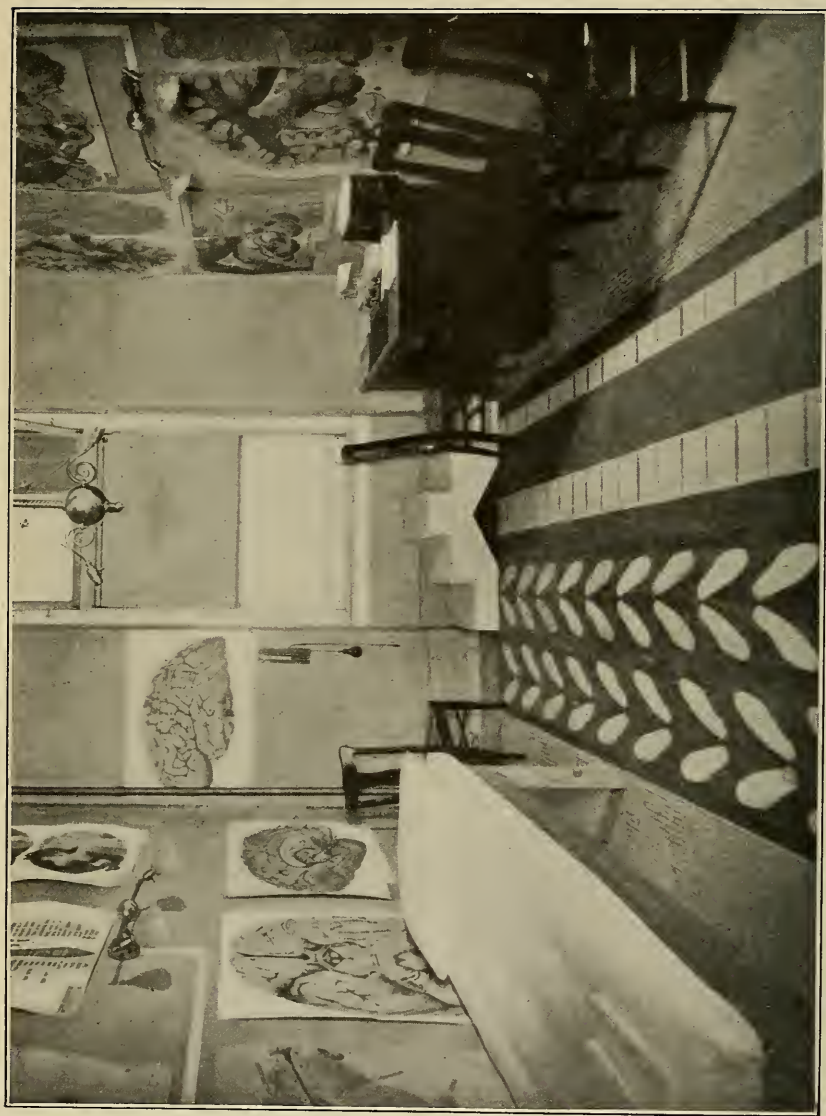
TABLE II.

Admissions, Discharges, Deaths and Numbers Remaining by Sex and Groups of Ages for the Year 1910.

	UNDER 5 YRS.			5-10 YRS.			10-15 YRS.			15-25 YRS.			25-35 YRS.			35-45 YRS.			45-55 YRS.			55-65 YRS.			67-75 YRS.			OVER 75 YRS.		
	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.
Admitted, .....	5	7	12	10	16	26	10	19	29	47	86	133	99	129	228	92	95	187	54	69	123	31	33	64	13	6	19	..	4	4
Discharged, .....	5	6	11	9	14	23	8	17	25	39	80	119	91	116	207	82	82	164	50	62	112	26	28	54	11	5	16	..	4	4
Died, .....	..	..	..	..	2	2	1	1	2	2	1	3	..	3	3	..	4	4	2	..	2	2	..	2	..	2	..	1	..	..
Remaining Nov. 20, 1910, .....	1	1	1	..	1	1	1	1	2	6	5	11	8	10	18	10	9	19	2	7	9	3	5	8	2	..	2	..	..	..



WOMEN'S WARD.



ROOM FOR RE-EDUCATION OF MOVEMENT.



TABLE III.

Nativity, Sex and Creed of Patients Admitted During the  
Year Ending November 30, 1910.

COUNTRY.	CHRISTIAN.		HEBREW.	
	Male.	Female.	Male.	Female.
Austria, .....	6	2	10	17
Bohemia, .....	...	1	...	1
Canada, .....	1	1	...	...
Denmark, .....	...	1	...	...
England, .....	12	13	2	4
France, .....	2	3	...	...
Germany, .....	17	17	18	12
Holland, .....	...	1	...	...
Hungary, .....	1	2	9	10
Ireland, .....	28	20	...	...
Italy, .....	11	2	...	...
Norway, .....	1	...	...	...
Poland, .....	...	...	2	...
Portugal, .....	...	1	...	...
Roumania, .....	...	...	3	2
Russia, .....	...	...	59	74
Scotland, .....	6	4	...	...
Spain, .....	...	2	...	...
Sweden, .....	...	3	...	...
Turkey, .....	1	...	...	1
United States, .....	148	199	24	68
Wales, .....	...	2	...	...
Total, .....	234	274	127	190

TABLE IV.

Diagnosis, Sex and Condition on Discharge of Patients Admitted for the Year Ending November 30, 1910.

DIAGNOSIS.	ADMITTED.		RECOVERED AND IMPROVED.		UNIMPROVED.		NOT TREATED.		DIED.		REMAINING NOV. 30, 1910.	
	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.
Acromegaly, .....	1	..	..	1	1	..	..	..	..	..	..	..
Adrenal insufficiency, .....	..	1	..	1	..	..	..	..	..	..	..	..
Alcoholism acute, .....	2	1	2	1	..	..	..	..	..	..	1	..
Alcoholism chronic, .....	10	5	8	5	1	..	..	..	..	..	..	..
Alimentary tract—												
Appendicitis, acute, .....	..	1	..	1	..	1	..	..	..	..	..	..
Appendicitis, chronic, .....	..	1	..	..	..	1	..	..	..	..	..	..
Gastritis, .....	..	1	..	..	..	..	..	..	..	..	..	..
Gastric carcinoma, .....	..	1	..	..	..	1	..	..	..	..	..	..
Gastric ulcer, .....	..	1	..	1	..	1	..	..	..	..	..	..
Intestinal carcinoma, .....	..	1	..	..	..	1	..	..	..	..	..	..
Pyloric stenosis, .....	1	..	1	..	..	..	..	..	..	..	..	..
Colitis, .....	..	1	..	1	..	..	..	..	..	..	..	..
Colitis mucous, .....	1	..	1	..	..	..	..	..	..	..	..	..
Intestinal indigestion, .....	1	..	1	..	..	..	..	..	..	..	..	..
Pancreas carcinoma, .....	..	1	..	..	..	1	..	..	..	..	..	..
Constipation, chronic, .....	..	1	..	1	..	..	..	..	..	..	..	..
Anæmia pernicious, .....	..	1	..	..	..	1	..	..	..	..	..	..
Angina cruris, .....	..	1	..	..	..	1	..	..	..	..	..	..



<b>Angio-neurotic group—</b>						
Erythromelalgia, .....	1	1	1	..	..	1
Anyotrophic lateral sclerosis, ....	1	..	1	..	..	..
<b>Arthritis—</b>						
Arthritis deformans, .....	9	1	7	1	2	..
Arthritis of hip, .....	2	1	1	1	..	..
Arthritis Sacro iliac, .....	..	1	..	..	..	..
Arthritis acute rheumatic, ....	2	..	2	..	..	..
Arthritis tuberculous hip, .....	..	1	..	1	..	..
Atrophy Prog. muscular, .....	1	1	..	..	1	..
Braehial plexus—						
Neuritis of, .....	2	..	2	..	..	1
Neuralgia of, .....	..	..	..	..	..	..
<b>Brain—</b>						
Abscess of, .....	..	1	..	..	1	..
Agensis-cortical, .....	1	1	..	..	1	..
Arteriosclerosis, .....	15	14	11	7	1	3
Embolism, .....	..	1	..	..	..	..
Syphilis, .....	2	4	1	2	1	1
Tumor, .....	12	9	3	2	3	1
Thrombosis, .....	..	1	..	1	..	..
Poliomyelitis superior, .....	1	..	..	..	1	..
Cerebral diplegia family, ....	..	1	..	..	..	1
Hydrocephalus, .....	..	2	..	2	..	..
<b>Cerebellum—</b>						
Abscess of, .....	..	1	..	..	..	1
Arterio sclerosis of, .....	..	1	..	..	1	..
Sclerosis of, .....	1	..	..	..	1	..
<b>Cardio vascular system—</b>						
Cardiac arrhythmia, .....	1	..	1	..	..	..
Cardiac insufficiency, .....	..	1	..	1	..	..
Cardiac valvular disease, ....	2	4	2	1	1	2
Mycarditis, .....	2	4	1	4	..	..
Arterio sclerosis general, ....	12	2	11	2	..	1
Varicosities, .....	1	1	1	..	..	..
Aneurism aorta, .....	..	1	..	1	..	..

TABLE IV—Continued.

DIAGNOSIS.	ADMITTED.		RECOVERED AND IMPROVED.		UNIMPROVED.		NOT TREATED.		DIED.		REMAINING Nov. 30, 1910.	
	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.
Chorea—												
Simple, .....	6	18	6	17	..	..	..	..	..	..	..	1
Insaniens, .....	1	..	..	..	..	..	..	..	..	..	..	1
Huntington's, .....	..	1	..	..	..	..	..	..	..	..	..	..
Senile, .....	1	..	1	1	..	..	..	..	..	..	..	1
Diabetes, .....	..	3	..	3	..	..	..	1	..	..	..	..
Drug habit, .....	3	4	3	3	..	1	..	..	..	..	..	..
Dystrophy progressive—												
Muscular, .....	..	1	..	..	..	1	1	1	..	..	..	..
Epilepsy, .....	9	13	2	8	4	4	1	1	..	..	2	..
Fractures—												
of hip, .....	..	2	..	1	..	..	..	..	..	..	..	1
of skull, .....	1	..	..	..	..	..	..	..	..	..	..	..
Goitre—												
Simple, .....	..	1	..	1	..	..	..	..	..	..	..	..
Exophthalmic, .....	..	13	..	10	..	1	..	..	..	1	..	1
Herpes Zoster, .....	..	1	..	1	..	..	..	..	..	..	..	..
Habit spasm, .....	1	..	1	..	..	..	..	..	..	..	..	..
Habit tremor, .....	1	..	1	1	..	..	..	..	..	..	..	..
Headache, .....	1	1	1	1	..	..	..	..	..	..	..	..
Migraine, .....	3	7	1	6	1	1	1	1	..	..	..	..

[illegible]

TABLE IV—Continued.

DIAGNOSIS.	ADMITTED.		RECOVERED AND IMPROVED.		UNIMPROVED.		NOT TREATED.		DIED.		REMAINING NOV. 30, 1910.	
	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.
Neuralgia—												
Intercostal, .....	..	1	..	1	..	1	..	1	..	..	..	..
Amputation stump, .....	..	1	..	..	..	..	..	..	..	..	..	..
Neurasthenia group, .....	32	61	24	51	6	7	2	1	..	..	..	2
Needle in hip, .....	..	1	..	1	..	..	..	..	..	..	..	..
Neurosis—												
Anxiety, .....	..	3	..	3	..	..	..	..	..	..	..	..
Traumatic, .....	1	1	1	1	..	..	..	..	..	..	..	1
Menopause, .....	..	1	..	..	..	1	..	..	..	..	..	..
Post-operative, .....	..	2	..	1	..	1	..	..	..	..	..	..
Obsessions, .....	..	1	..	1	..	..	..	..	..	..	..	..
Obesity, .....	..	1	..	1	..	..	..	..	..	..	..	..
Osteomyelitis, .....	1	..	1	..	..	..	..	..	..	..	..	..
Osteosarcoma, .....	1	..	..	..	1	..	..	..	..	..	..	..
Palate—												
Rhythmical movements of, ....	1	..	..	..	1	..	..	..	..	..	..	..
Pericostitis ulnar, .....	..	1	..	1	..	..	..	..	..	..	..	..
Palsy occupation, .....	..	1	..	1	..	..	..	..	..	..	..	1
Paralysis agitans, .....	3	3	3	2	..	..	..	..	..	..	..	..
Psoriasis, .....	..	1	..	1	..	..	..	..	..	..	..	..
Spinal Cord—												
Arteriosclerosis, .....	2	1	..	1	1	..	..	..	..	1	..	..
Abscess of, .....	..	1	..	1	1	..	..	..	..	..	..	..

Syringomyelia, .....	2	1	..	..	2	..	..	..	..	..
Glios spinalis, .....	1	..	..	..	..	..	..	..	..	1
Hemorrhage, .....	1	..	1	..	..	1	..	..	..	..
Myelitis, .....	1	2	1	..	..	1	..	..	1	..
Myelitis traumatic, .....	1	2	1	2	..	..	..	..	..	..
Meningo-myelitis— Combined sclerosis, .....	2	..	1	..	1	..	..	..	..	..
Spastic monoplegia, .....	1	..	..	..	1	..	..	..	..	..
Paraplegia, .....	..	1	..	..	..	1	..	..	..	..
Spastic paraplegia, .....	1	..	..	..	1	..	..	..	..	..
Syphilitic, .....	1	..	..	..	1	..	..	..	..	..
Poliomyelitis ant., .....	1	2	..	1	1	..	1	..	..	..
Poliomyelitis post., .....	..	1	1	1	1	..	..	..	..	..
Syphilis of .....	2	1	1	1	1	..	..	..	..	..
Cerebro-spinal, .....	9	..	4	..	2	..	..	..	..	3
Radiculitis, .....	1	7	1	1	..	1	..	1	1	8
Tumor, .....	6	..	1	1	..	..	..	..	..	..
Multiple tumor of brain and spinal cord, .....	..	1	..	..	1	..	..	1	..	..
Thrombosis, .....	..	1	..	..	..	1	..	..	..	..
Senility, .....	..	1	..	..	..	1	..	..	..	..
Sexual perversion, .....	2	2	..	2	2	1	..	..	..	..
Sinusitis, .....	2	2	..	2	1	..	..	..	1	..
Sciatica, .....	6	5	4	4	1	1	..	..	1	1
Spondylolisthesis, .....	3	1	..	1	..	..	..	..	..	1
Syphilis, .....	1	1	2	..	..	..	..	..	1	..
Congenital, .....	1	1	..	..	1	..	..	..	..	..
Tabes, .....	41	8	27	6	10	1	1	1	2	..
Tic, .....	2	1	1	1	1	1	..	..	..	..
Tic facial, .....	1	2	..	1	..	1	..	..	..	..
Tetany, .....	..	1	..	1	..	..	..	..	..	..
Torticollis, .....	..	1	..	1	..	..	..	..	..	..
Torticollis spasmodic, .....	2	2	..	1	..	..	..	..	..	2

TABLE IV—Continued.

[illegible]

**Inferiority group—**

	1	4	..	1	..	2	..	1	1
Constitutional, .....	1	4	..	..	..	2	..	..	1
Imbecility, .....	4	1	..	..	..	1	..	..	..
Nymphomania, .....	..	1	..	1	..	..	..	..	..
Psychopath, .....	..	5	..	3	..	..	..	..	1
Psychasthenia, .....	8	5	6	1	..	1	..	..	1
Manic depressive group, .....	9	26	9	16	..	9	1	..	..
Paranoia, .....	..	1	..	1	..	..	..	..	..
Paresis, .....	14	6	4	..	9	5	1	..	..
Senile dementia, .....	1	3	..	..	1	2	1	..	..

## DISPENSARY TABLE I.

Patients Admitted to the Various Services According to  
Months and Sex for the Year Ending November 30, 1910.

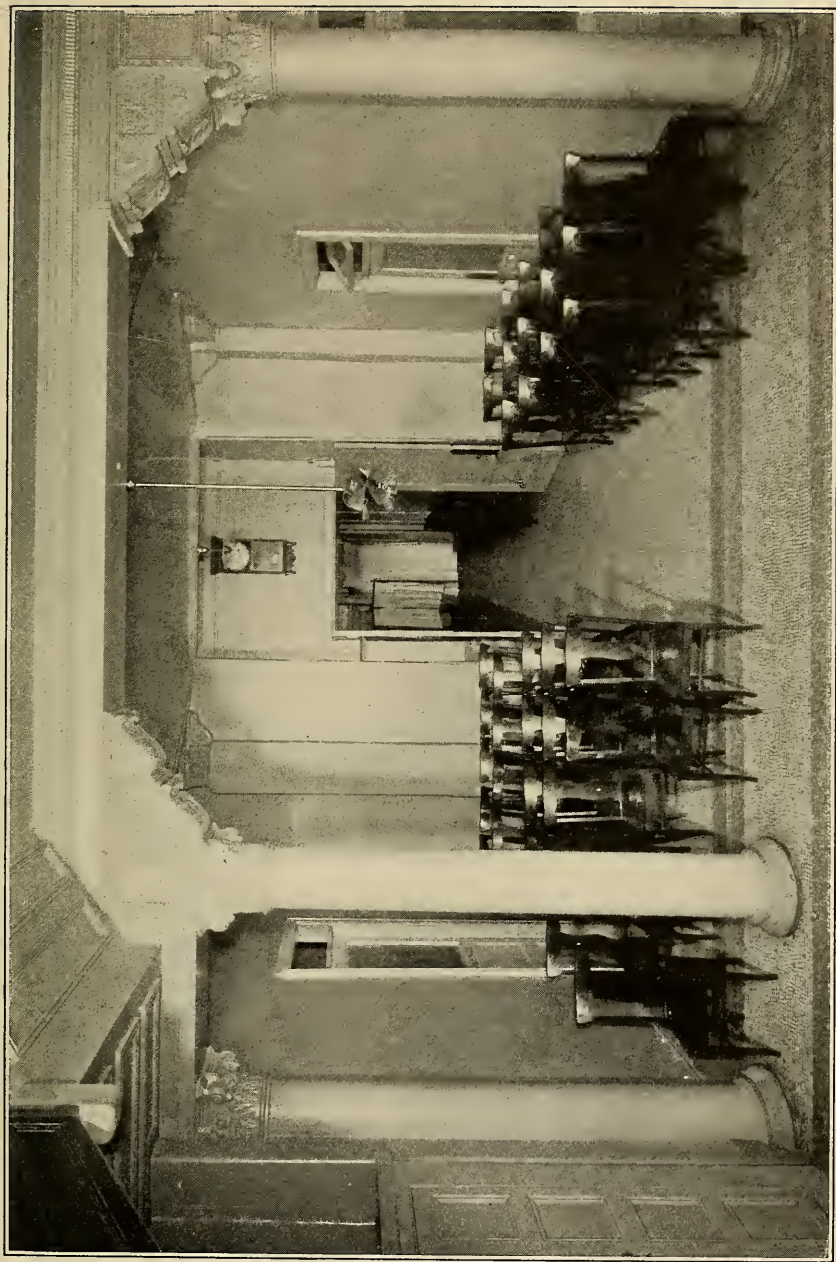
	DR. COLLINS.			DR. BAILEY.			DR. FRAENKEL.		
	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.
December, ....	89	66	155	43	36	79	85	52	137
January, ....	52	49	101	31	9	40	45	37	82
February, ....	54	55	109	24	25	49	49	60	109
March, ....	52	46	98	35	41	76	47	57	104
April, ....	41	39	80	29	29	58	45	50	95
May, ....	63	72	135	30	38	68	46	52	98
June, ....	41	56	97	25	28	53	53	55	108
July, ....	41	45	86	21	26	47	32	50	82
August, ....	50	61	111	26	14	40	39	46	85
September, ...	49	38	87	30	31	61	38	43	81
October, ....	63	49	112	30	34	64	39	50	89
November, ...	47	45	92	41	44	85	36	46	82
Total, ....	642	621	1,263	365	355	720	554	598	1,152

## DISPENSARY TABLE II.

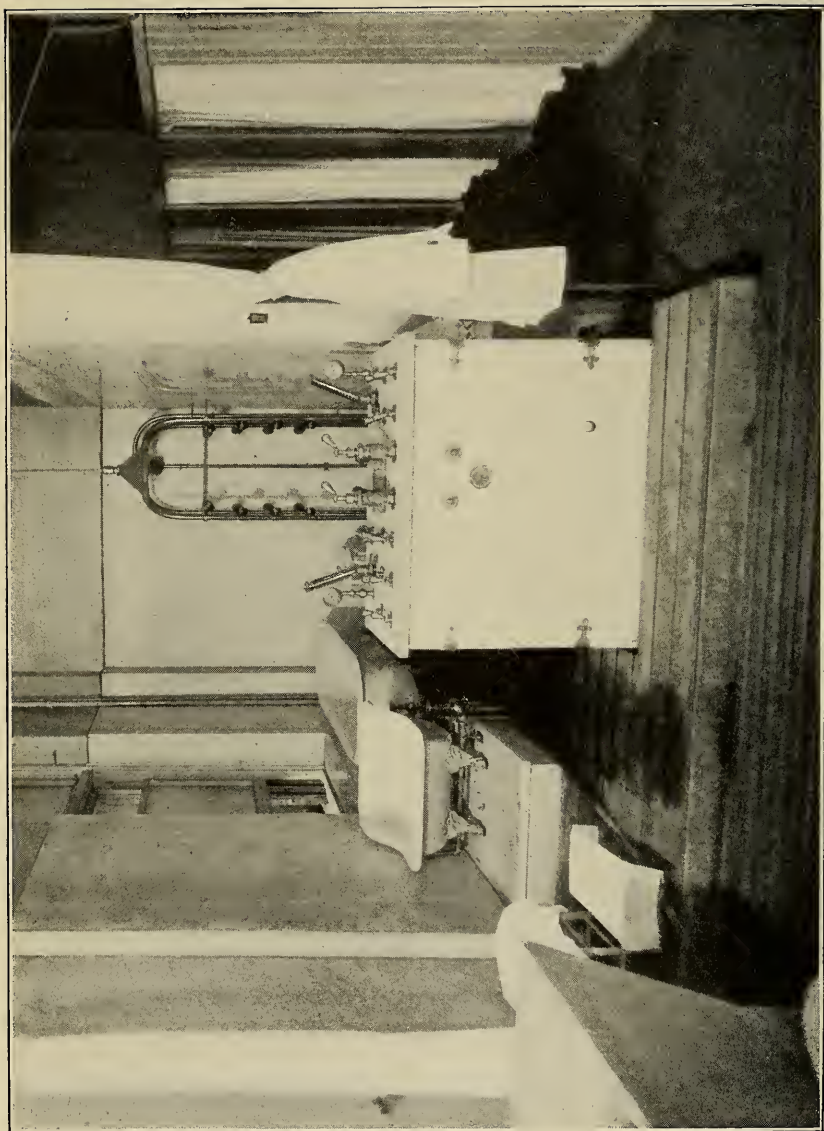
Number of Treatments given in the Therapeutic Department  
for the Year Ending November 30, 1910.

	Electrical.	Hydrotherapeutic.	Zander.	Fraenkel.	Baking.	Massage.	Total.
December, .....	82	82	30	...	...	30	224
January, .....	300	295	106	58	...	103	862
February, .....	275	276	100	51	...	92	794
March, .....	336	420	51	49	...	77	933
April, .....	333	428	36	...	...	52	849
May, .....	440	412	57	...	...	60	969
June, .....	417	356	30	...	28	32	863
July, .....	405	384	80	...	37	58	964
August, .....	366	381	92	...	29	63	931
September, .....	350	329	59	...	24	66	821
October, .....	309	305	188	...	18	89	909
November, .....	484	491	60	...	53	181	1,269
Total, .....	4,097	4,159	889	158	189	903	10,395





DISPENSARY RECEPTION ROOM.



HYDRO-THERAPEUTIC ROOM.

## DISPENSARY TABLE III.

Nativity and Creed of Patients Admitted for the Year Ending  
November 30, 1910.

COUNTRY.	CHRISTIAN.		JEWISH.	
	Male.	Female.	Male.	Female.
Austria, .....	4	5	151	119
Belgium, .....	1	1	....	....
Bohemia, .....	....	1	2	1
Canada, .....	5	3	....	....
China, .....	1	....	....	....
Denmark, .....	1	1	....	....
England, .....	25	31	10	9
France, .....	4	3	1	....
Germany, .....	58	67	57	50
Greece, .....	2	....	....	....
Holland, .....	2	....	....	....
Hungary, .....	4	4	41	51
Ireland, .....	57	65	....	....
Italy, .....	45	34	....	....
Japan, .....	1	....	....	....
Norway, .....	5	1	....	....
Poland, .....	....	....	9	8
Roumania, .....	1	2	43	39
Russia, .....	2	1	520	481
Switzerland, .....	3	7	....	....
Scotland, .....	12	4	....	....
Sweden, .....	5	8	....	....
Turkey, .....	....	....	1	....
United States, .....	312	340	204	210
Total, .....	550	578	1,039	968

## DISPENSARY TABLE IV.

Diagnosis According to Sex in the Different Services for the  
Year Ending November 30, 1910.

DIAGNOSES.	DR. COLLINS.		DR. BAILEY.		DR. FRAENKEL.	
	Male.	Female.	Male.	Female.	Male.	Female.
Alimentary tract—						
Colitis, .....	1	...	...	...	...	...
Constipation, .....	2	4	1	3	...	...
Enteritis, .....	...	...	...	1	...	...
Gastralgia, .....	...	1	...	...	...	...
Gastric ulcer, .....	3	...	...	...	...	...
Gastric carcinoma, .....	1	...	...	...	...	1
Gastritis alcoholic, .....	4	...	3	1	4	...
Gastro-enteroptosis, .....	1	4	...	...	...	...
Hyperchlorhydria, .....	2	...	...	1	1	1
Pylorospasm, .....	...	...	...	...	1	2
Abdomen—						
Prolapsed, .....	...	1	...	...	...	...
Tumor of, .....	1	1	...	...	...	...
Adenoids, .....	...	1	...	...	...	1
Acromegaly, .....	1	...	1	...	1	...
Acroparaesthesia, .....	...	17	...	1	1	6
Alcoholism acute, .....	...	...	...	...	...	...
Alcoholism chronic, .....	8	3	5	1	...	2
Anaemia, .....	...	...	...	2	...	3
Amyatonia congenita, .....	...	...	...	...	1	...
Amyotrophic lateral sclerosis, ...	1	3	...	1	5	1
Arthritis deformans, .....	4	4	2	3	...	1
Arthritis gonorrheal, .....	4	1	1	2	3	...
Arthritis rheumatic, .....	14	7	5	3	11	22
Arthritis sacro-iliac, .....	2	3	...	2	...	...
Arthritis toxic, .....	...	2	1	...	...	...
Arthritis tuberculous, .....	1	1	...	...	1	...
Asthenia, .....	...	1	1	1	...	...
Atrophy—progressive, .....	...	...	1	...	...	...
Muscular, .....	...	...	1	...	...	...
Asthma, .....	...	...	...	...	1	...
Brachial Plexus—						
Neuralgia of, .....	1	4	...	5	2	1
Neuritis of, .....	11	6	3	6	3	3
Brain—						
Aphasia, .....	...	...	2	...	1	...
Arteriosclerosis, .....	12	9	2	...	10	3
Embolism, .....	1	1	...	...	...	1
Hydrocephalus, .....	3	1	...	2	2	2
Hemorrhage, .....	...	...	3	...	1	1
Polioencephalitis, .....	4	1	1	2	4	4
Little's disease, .....	4	2	...	...	6	...
Syphilis, .....	6	1	9	1	5	2



DISPENSARY TABLE IV—Continued.

DIAGNOSES.	DR. COLLINS.		DR. BAILEY.		DR. FRAENKEL.	
	Male.	Female.	Male.	Female.	Male.	Female.
Tumor, .....	6	3	5	1	3	...
Thrombosis, .....	...	...	...	2	6	6
Maldevelopment, .....	1	...	...	...	2	3
Hemiplegia, .....	4	1	4	1	1	1
Softening, .....	4	...	...	...	...	...
Abscess of, .....	...	...	...	...	...	1
Cerebellum—						
Encephalitis, .....	1	...	...	1	...	...
Abscess, .....	...	1	...	...	...	...
Sclerosis, .....	1	...	...	1	...	...
Tumor, .....	...	...	1	...	...	...
Cerebrospinal syphilis, .....	...	...	...	...	2	1
Bronchitis, .....	1	...	...	...	...	...
Bursitis, .....	...	1	...	...	2	...
Cardio-vascular system—						
Angina pectoris, .....	1	...	...	...	2	1
Arteriosclerosis, .....	17	15	6	...	9	3
Endocarditis, .....	3	4	...	...	...	...
Cardiac hypertrophy, .....	1	...	1	...	...	...
Aneurysm, .....	1	...	...	...	...	...
Myocarditis, .....	6	8	...	1	...	2
Tachycardia, .....	1	...	...	1	...	...
Valvular disease, .....	1	3	1	...	3	8
Neurosis, .....	1	1	...	...	...	...
Arrhythmia cardiac, .....	...	1	...	...	...	...
Angio-neurotic group—						
Erythromelalgia, .....	...	...	1	...	1	...
Raynaud's disease, .....	1	...	...	...	...	1
Intermittent claudication, ..	1	...	...	1	4	...
Oedema, .....	1	1	1	1	2	2
Cervical plexus-neuralgia, .....	1	1	2	1	...	...
Chorea Simple, .....	7	25	9	12	10	14
Huntington's, .....	1	...	...	...	...	...
Cryptorchidism, .....	...	...	1	...	1	...
Cretinism, .....	...	2	1	...	1	...
Cystitis, .....	1	...	...	...	...	...
Contractures—						
post, .....	...	1	...	...	...	...
operative, .....	...	1	...	...	...	...
Deaf and dumb, .....	...	...	...	...	1	1
Diabetes, .....	1	...	...	2	3	3
Dystrophy—prog-muscular, .....	3	...	2	...	2	...
Dislocation, .....	...	...	...	...	1	1
Dysadrenalismus, .....	...	...	...	...	...	2
Ear—						
Otitis media, .....	...	...	...	1	...	1
Meniere's disease, .....	1	1	...	...	1	...
Ankylosis ossicles, .....	...	...	...	...	...	1

DISPENSARY TABLE IV—Continued.

DIAGNOSES.	DR. COLLINS.		DR. BAILEY.		DR. FRAENKEL.	
	Male.	Female.	Male.	Female.	Male.	Female.
Emphysema, .....	...	...	...	...	2	...
Epilepsy, .....	27	27	11	11	27	18
Epilepsy, Jacksonian, .....	...	3	...	...	2	1
Epidydimitis, .....	...	...	...	...	1	...
Eye—						
Blindness, .....	...	...	...	1	...	...
Iritis, .....	1	...	...	1	...	...
Muscle strain, .....	...	2	...	...	...	...
Dacryocystitis, .....	...	...	...	1	...	...
Glaucoma, .....	...	...	...	...	2	...
Facial nerve-neuritis, .....	5	1	6	5	8	5
Fractures—						
Vertebrae, .....	...	...	...	...	...	...
Skull, .....	1	1	...	...	...	...
Arm, .....	1	...	...	...	...	...
Ribs, .....	1	...	1	...	...	...
Friedreich's ataxia, .....	1	1	...	...	...	1
Gout, .....	...	...	...	...	1	...
Gonorrhoea, .....	...	...	...	...	2	...
Headache, .....	...	2	5	4	1	3
Optic, .....	...	...	...	...	...	...
Migraine, .....	5	10	3	6	3	10
Hemorrhoids, .....	1	1	...	...	1	1
Hernia, .....	1	...	...	...	1	...
Hypopituitarism, .....	...	...	...	...	...	1
Impotence, .....	...	...	...	...	9	...
Insomnia, .....	5	3	4	1	6	3
Intercostal neuralgia, .....	...	4	...	...	...	1
Influenza, .....	...	...	...	...	1	...
Kidney—						
Floating, .....	1	...	...	...	...	2
Injury of, .....	...	...	...	...	...	...
Nephritis, .....	...	7	1	2	2	2
Stone, .....	...	...	...	1	...	...
Liver—						
Perihepatitis, .....	...	...	...	1	...	...
Gall stone, .....	...	...	...	...	...	1
Lumbago, .....	2	1	5	4	...	...
Lymphosarcoma, .....	...	1	...	...	...	...
Lipomata, .....	...	...	...	...	1	1
Malingering, .....	...	...	...	...	4	1
Malaria, .....	...	...	...	1	...	1
Masturbation, .....	1	...	2	...	2	3
Menopause, .....	...	9	...	2	...	...
Multiple sclerosis, .....	7	4	2	3	2	3
Musculo—spiral-neuritis, .....	1	1	1	1	1	1
Myasthenia gravis, .....	...	...	...	...	1	...

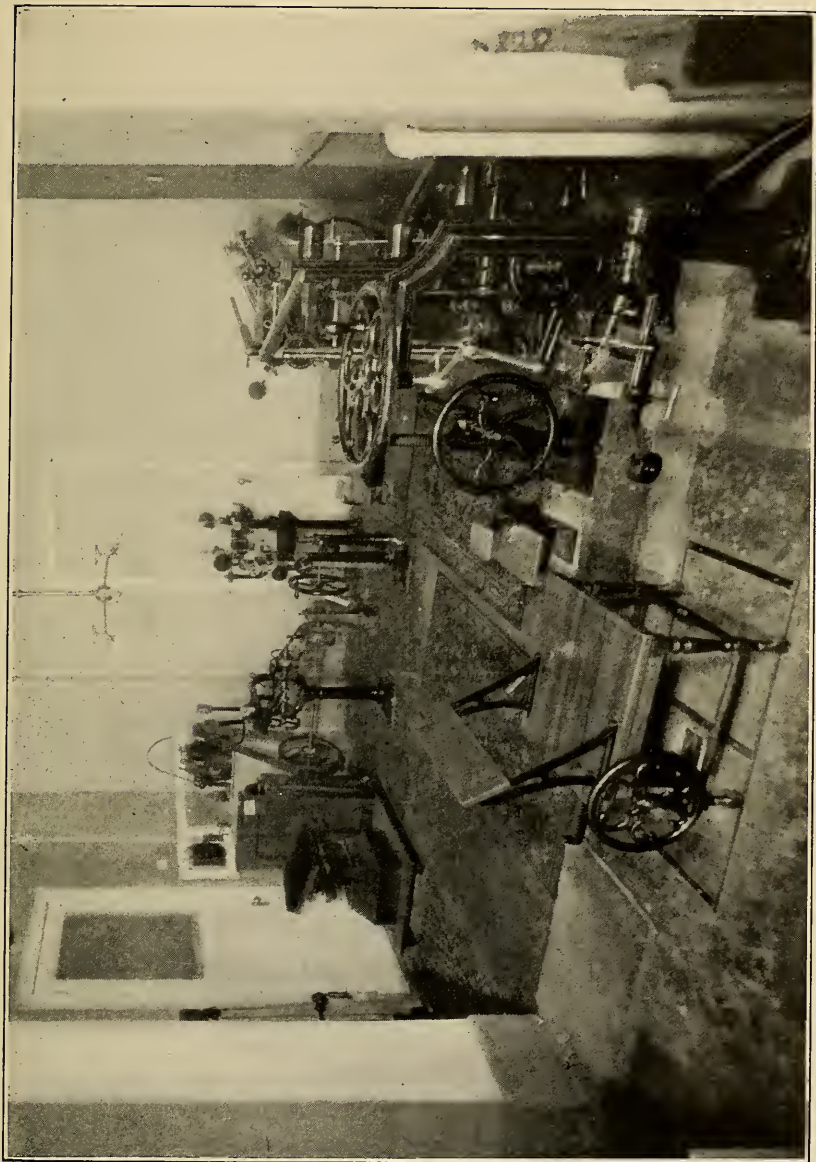
DISPENSARY TABLE IV—Continued.

DIAGNOSSES.	DR. COLLINS.		DR. BAILEY.		DR. FRAENKEL.	
	Male.	Female.	Male.	Female.	Male.	Female.
Meningitis—						
Cerebro-spinal, .....	2	...	...	...	2	...
Syphilitic, .....	...	1	...	...	...	...
Tubercular, .....	...	...	1	1	...	...
Myalgia, .....	4	2	1	2	...	1
Myositis, .....	2	1	...	...	1	...
Needle in sacral-region, .....	...	...	...	1	...	...
Neurasthenia group, .....	84	76	70	53	110	165
Neuritis alcoholic, .....	1	1	1	1	1	...
Neuritis multiple, .....	4	4	...	5	...	...
Neuritis traumatic, .....	1	...	...	...	1	1
Neuralgia, .....	1	2	...	4	1	3
Obesity, .....	1	1	...	...	1	10
Obsessions, .....	1	...	...	...	...	...
Osteitis rareifying, .....	...	...	1	...	1	...
Oculo-motor nerve—						
Neuritis of, .....	...	...	...	1	...	...
Palsy-congenital, .....	...	...	...	...	...	1
Optic nerve—						
Atrophy, .....	1	1	1	...	...	...
Leber's disease, .....	2	...	...	...	...	...
Paralysis agitans, .....	5	5	4	1	8	1
Pes planus, .....	18	29	5	7	9	11
Pavor nocturnus, .....	...	...	...	1	...	1
Psycho-neuroses—						
Menopause, .....	...	...	...	1	...	19
Occupation, .....	1	12	16	1	5	...
Anxiety, .....	1	2	2	8	2	3
Post-operative, .....	1	2	...	4	...	...
Toxic, .....	...	1	...	...	...	1
Tic, .....	2	...	...	...	2	...
Of pregnancy, .....	...	1	...	...	...	1
Traumatic, .....	1	1	1	2	1	4
Vaso-motor, .....	...	1	...	...	...	1
Writers-cramp, .....	...	...	...	...	...	...
Perianal abscess, .....	...	...	...	...	1	...
Poisonings-intoxications—						
Aniline, .....	1	...	...	...	...	...
Lead, .....	2	...	...	...	6	...
Auto, .....	...	2	...	...	1	2
Morphine, .....	...	...	1	...	...	...
Phlebitis, .....	...	...	...	...	...	1
Paraesthesia, head, .....	1	...	...	...	...	...
Pleurisy, .....	1	1	...	...	...	...
Paramyelonus multiplex, .....	...	...	...	...	...	...
Pregnancy, .....	...	...	...	1	...	2
Rhachitis, .....	4	2	...	...	1	1

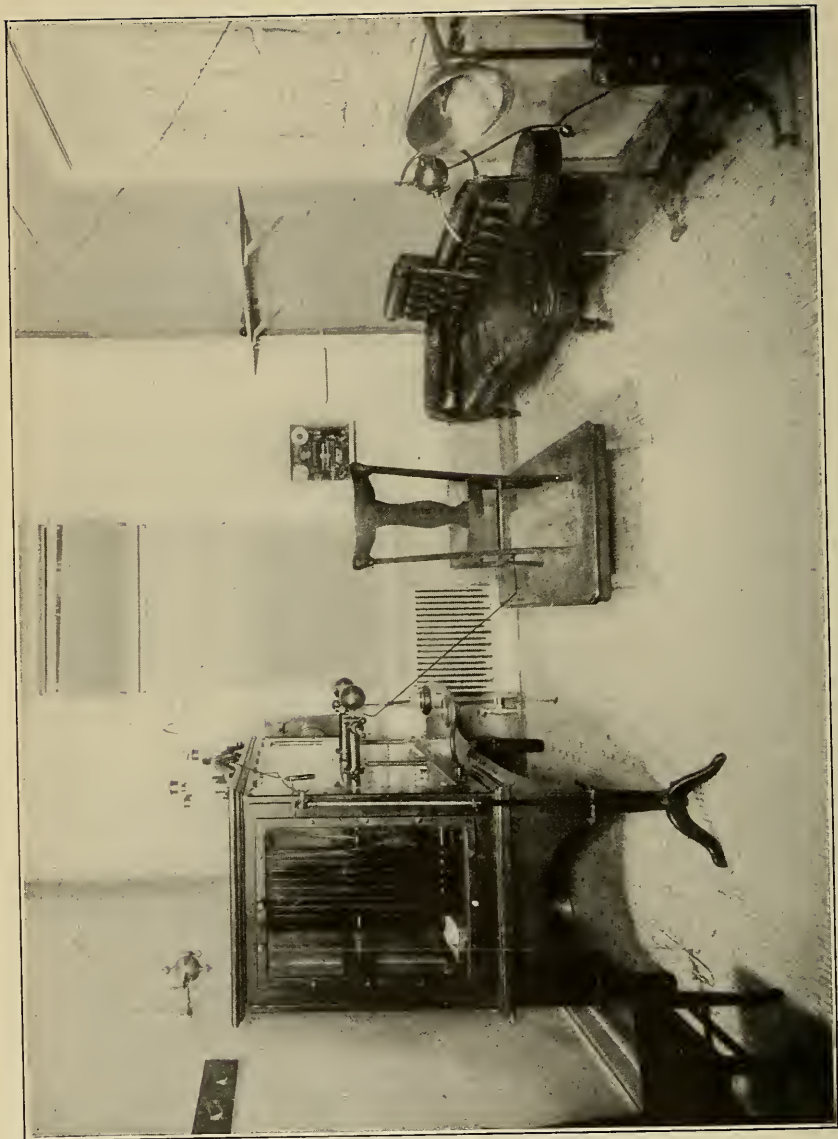


## DISPENSARY TABLE IV—Continued.

DIAGNOSES.	DR. COLLINS.		DR. BAILEY.		DR. FRAENKEL.	
	Male.	Female.	Male.	Female.	Male.	Female.
Sarcomata-multiple, .....	..	...	1	...	...	...
Sciatic nerve-neuralgia, .....	17	17	12	7	12	3
Skin—						
Psoriasis, .....	...	...	1	2	...	1
Erysipelas, .....	...	1	...	...	...	...
Furunculosis, .....	...	...	...	...	1	...
Eczema, .....	...	...	...	...	...	2
Prurigo, .....	...	...	...	...	...	1
Somnambulism, .....	...	...	...	...	1	...
Spinal cord—						
Arterio sclerosis, .....	1	2	...	...	...	...
Hemorrhage, .....	...	...	...	1	1	1
Myelitis, .....	3	1	1	...	...	...
Meningo myelitis, .....	...	...	1	1	...	...
Doplegia, .....	1	1	...	1	...	...
Spastic paraplegia, .....	...	...	...	1	1	1
Combined sclerosis, .....	...	...	...	...	...	1
Syphilis, .....	1	...	4	1	2	...
Syringomyelia, .....	2	...	1	...	4	...
Tumor, .....	2	2	1	...	7	1
Poliomyelitis, .....	14	17	3	2	16	19
Speech defects, .....	2	...	3	4	6	1
Syphilis, .....	3	4	4	...	1	2
Spasm-habit, .....	3	...	1	...	...	...
Synovitis, .....	1	2	1	...	...	2
Sinusitis, .....	...	...	1	...	...	...
Thyroid gland—						
Goitre simple, .....	...	...	1	1	...	1
Goitre exophthalmic, .....	...	9	...	4	3	7
Hyperthyroidism, .....	2	1	...	1	...	1
Dysthyroidism, .....	...	2	...	...	4	2
Myxoedema, .....	1	3	1	1	...	...
Tabes, .....	31	5	19	3	25	6
Tetany, .....	...	...	...	...	...	2
Tic, .....	7	4	2	1	9	10
Habit, .....	1	1	...	1	...	1
Spasmodic, .....	1	...	...	...	...	...
Convulsive, .....	...	...	...	...	...	1
Tonsillitis, .....	...	...	...	...	...	1
Torticollis, .....	1	3	1	...	2	2
Trifacial nerve neuralgia, .....	5	6	5	7	2	3
Tremor of hands, .....	1	...	2	1	...	...
Tremor senile, .....	1	...	...	...	...	...
Tremor toxic, .....	2	...	...	...	...	...
Tuberculosis pulmonary, .....	5	7	2	2	4	2
Ulnar nerve neuritis, .....	1	...	1	3	...	1
Uterus Cancer, .....	...	2	...	...	...	...



ZANDER MECHANICAL APPARATUS.



ELECTRO-THERAPEUTIC ROOM.

DISPENSARY TABLE IV—Concluded.

DIAGNOSES.	DR. COLLINS.		DR. BAILEY.		DR. FRAENKEL.	
	Male.	Female.	Male.	Female.	Male.	Female.
Uterus Displacements, .....	...	4	...	1	...	1
Subinvolution, .....	...	...	...	...	...	2
Salpingitis, .....	...	...	...	...	...	1
Ovarian neuralgia, .....	...	1	...	...	...	...
Vagus nerve neuritis, .....	...	...	...	...	...	1
Vertebrae—						
Caries, .....	1	...	...	...	3	...
Osteitis, .....	...	...	...	1	1	...
Scoliosis, .....	...	1	...	...	...	3
Spondylolisthesis, .....	...	...	...	...	...	1
Spondylitis, .....	...	...	1	...	...	...
Vertigo, .....	1	...	...	...	1	1
Unclassified, .....	21	30	8	21	33	23
<i>Psychoses.</i>						
Alcoholic group, .....	...	...	1	1	...	...
Hallucinosia, .....	...	...	...	...	...	...
Korsakow's, .....	...	2	...	...	...	...
Dementia precox, .....	27	17	11	9	7	12
Depression—						
Involutional .....	2	3	1	...	2	3
Simple, .....	1	...	4	6	2	1
Hysteria, .....	16	34	8	20	10	39
Infective exhaustion group—						
Toxic psychosis, .....	1	...	...	...	1	3
Inferiority group—						
Constitutional, .....	11	10	11	3	2	5
Impulsive, .....	...	...	...	...	...	...
Agoraphobia, .....	2	...	...	...	...	...
Imbecile, .....	33	23	10	10	5	8
Idiot, .....	2	2	7	7	4	2
Psychopath, .....	16	7	2	3	...	...
Psychasthenia, .....	3	6	...	1	12	11
Manic-depressive group, .....	11	20	2	9	2	4
Paranoia, .....	2	...	...	...	2	2
Paresis, .....	19	5	6	3	11	3
Senile group, .....	...	...	2	...	...	...
Traumatic hallucinosis, .....	1	...	...	...	...	...

## Gifts to the Neurological Institute.

Mrs. Otto H. Kahn, .....	Roof garden shelter.
Mrs. Otto H. Kahn, .....	Three beach chairs.
Mrs. Otto H. Kahn, .....	Six extension chairs.
Mrs. Otto H. Kahn, .....	Three steamer chairs.
Mrs. Otto H. Kahn, .....	Four iron tables.
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Mrs. W. H. Bliss, .....	One Tel-electric piano player.
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Mr. Geo. G. Haven, Jr., .....	Pictures and puzzles.
Mr. R. H. Williams, .....	Fifteen Morris chairs.
Mr. R. H. Williams, .....	Safe for office.
Through Dr. Charles A. Elsberg, ....	Observation stand in operating room.
Through Dr. Charles A. Elsberg, ....	Equipment (instruments) for operating room.
Through Dr. Charles A. Elsberg, ....	Christmas tree and \$100.
Through Dr. Charles A. Elsberg, ....	Donation \$75.
Through Dr. Charles A. Elsberg, ....	Eighteen sets of silver (tea sets).
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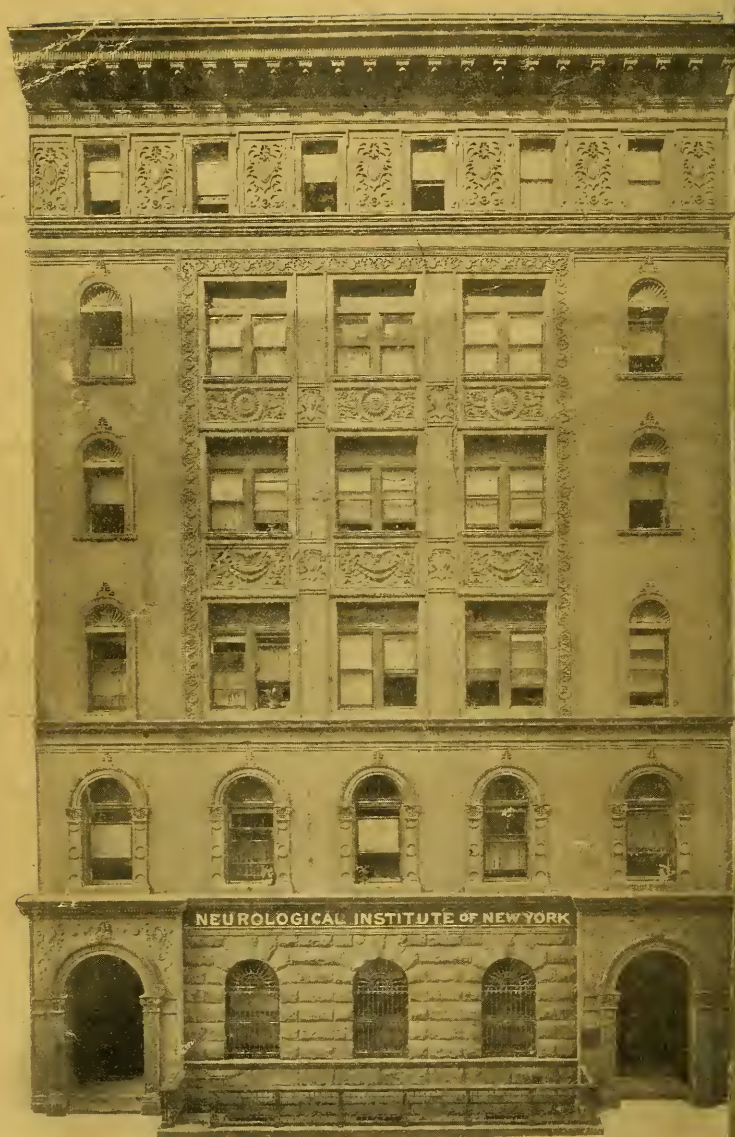
### **Form of Bequest.**

I give and bequeath to the NEUROLOGICAL INSTITUTE OF NEW YORK, a corporation created in the year 1909, under the Laws of the State of New York, or to the Treasurer thereof for the time being, for its corporate purposes, the sum of ..... dollars.

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### **Form of Devise of Real Estate.**

I give and devise to the NEUROLOGICAL INSTITUTE OF NEW YORK, a corporation created in the year 1909, under the Laws of the State of New York, for its corporate purposes, all that, etc. (Here describe the property.)



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NOT TO BE TAKEN  
FROM ROOM.  
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# SECOND ANNUAL REPORT

OF

# THE NEUROLOGICAL INSTITUTE

OF

# NEW YORK

FOR THE YEAR ENDING  
NOVEMBER 30TH, 1911

NEW YORK CITY  
149-151 EAST 67TH STREET













SECOND ANNUAL REPORT

OF

THE NEUROLOGICAL  
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## REPORT OF THE EXECUTIVE COMMITTEE.

---

In closing the second fiscal year of the Neurological Institute the members of the Executive Committee are pleased with the work accomplished. Not only has there been a great increase in the number of Dispensary patients, but also in the number of patients cared for in the rooms and wards of the Hospital. Considering that the building is inadequate for the carrying forward of an active service and the conduct of large dispensary clinics, it is gratifying to note the results obtained as shown by the statistical tables.

The work of the Institute during the first year should be regarded as an experiment. The unusual success attending its activities during the second year has demonstrated the need of a permanent hospital of this character. The medical profession, both at home and abroad, has shown great interest in the advancement of this pioneer institution which will doubtless result in many more such institutions being established in other cities.

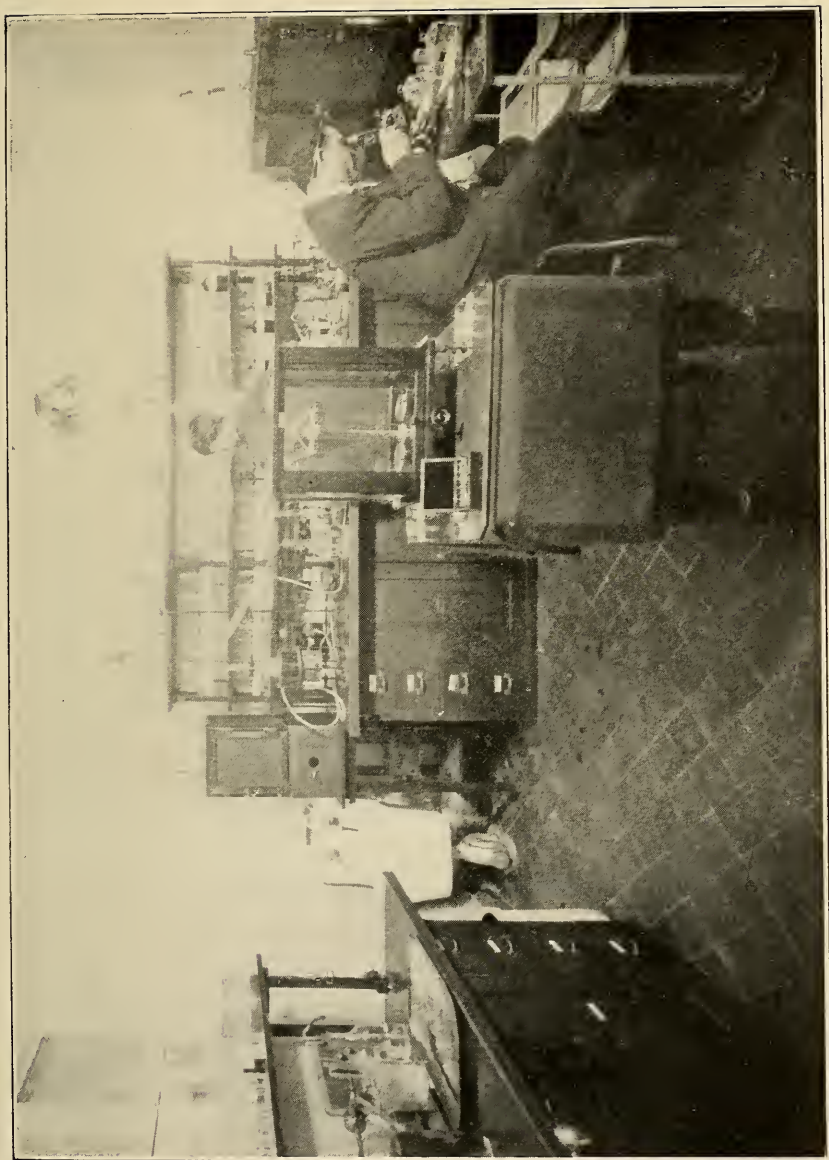
The reports made by the trustees who were appointed by the Executive Committee to visit and report on the general condition of affairs in the Institute were commendatory.

The Board of Estimate and Apportionment of New York, in recognition of the benefit accruing to poor patients coming under our care, has made an appropriation for the maintenance of free beds during this year. The Saturday and Sunday Association will also contribute toward this end.

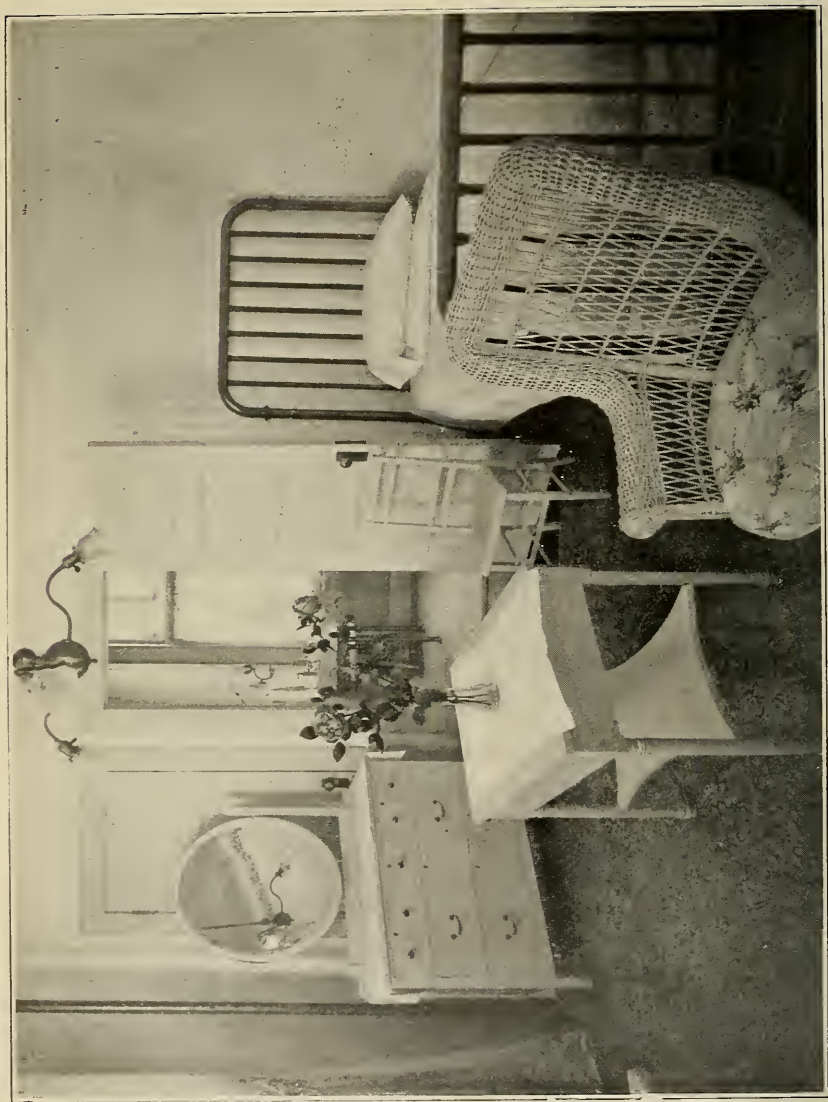
Notwithstanding that proper economy, in keeping with results desired has been adhered to, yet here, as in all other kindred institutions, a yearly deficit has to be met. Considering that all employes have to be housed in rented property, and other expenses entailed by our cramped quarters, the deficit is correspondingly less than in many other hospitals. An effort has been made to meet this deficit in some measure by the use of a special form of subscription books soliciting funds sent to possible prospective donors. These books have been in circulation but one month and we have received liberal donations. The recirculation of these books is being continued.

Respectfully submitted,

ISAAC TOWNSEND,  
*Chairman of Executive Committee.*



LABORATORY.



PRIVATE ROOM WITH BATH.



## REPORT OF EXECUTIVE PHYSICIAN.

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*To the Trustees of the Neurological Institute of New York:*

*Dear Sirs.*—In behalf of the Medical Board I present you herewith a tabulated account of the work done by the Neurological Institute during the second year of its existence.

A glance at these tables will suffice to show that the year has been one of great activity in the Hospital.

There were received into the Hospital for study and treatment, or both, 1,187 patients. In the previous year we had 825 in-patients. That is in the second year of our existence we had about 44 per cent. more than during the first year. We were able to accomplish this by providing more ward space than was available during the previous year, and by utilizing the roof as a dormitory during the summer months. Eighty-five beds is the maximum capacity of the Hospital, but at times we have been able by utilizing the roof to accommodate more than ninety patients at one time.

The great variety of disease from which these patients suffered, and the results that accrued from the treatments that was given them here is set forth in detail in one of the accompanying tables. We have made no attempt to care for the certifiable insane. Many of the patients have had mental symptoms, and I venture to maintain that a very considerable number of these have been spared serious mental illness, and the state the necessity of maintaining them, by the early recognition of their disorder and the treatment given to them here. Such early diagnosis of serious mental disease and appropriate treatment is in reality one of the most important functions of this Institute.

Brief citation of a single instance will illustrate this. A school girl of 18, the daughter of a musician slowed up in her work at the Normal College where she was preparing herself to be a teacher. She soon became non communicative, inert and suspicious of her family. Then she refused to eat, the family meanwhile giving her tonics and stimulants. After they had exhausted their small earnings in attempting to give her treat-

ment at home she was brought to us. At the end of six weeks she was back at school quite well, where she has made satisfactory progress.

A very large number of similar cases could be cited. One cannot look at the table in which the results of the treatment have been summarized without being struck by the large percentage that has been improved or cured. No experience is more impressive in a hospital such as this than the results of treatment. The taunt that the Neurologist can do nothing for his patient save make a diagnosis no longer pierces, so far removed is it from the truth, which is that more can be accomplished in the domain of nervous diseases, given the facilities, than in the majority of the other fields of medicine.

It is a well known fact that many of the organic nervous diseases flow from an infection which has its origin, in the majority of instances in what is called, unhappily, the "social evil." The victims of those diseases in the majority of instances have not led dissolute lives, on the contrary their lives are frequently temperate and well ordered. They are made to pay a terrible penalty for a single social transgression committed at an age when they were not yet endowed with wisdom or experience. Until two years ago the only means of combating this disease was one which is nearly as old as the disease itself. In many instances regrettably it is inadequate. Two years ago a superman of Germany, Paul Ehrlich, discovered what he believed to be a cure for this dreadful scourge of humanity. There was ample opportunity in the hospitals of Europe and America to demonstrate its efficiency to combat this disease when applied during its early stages; but to prove or disprove its efficiency in diseases that have their origin in this infection many years before, a hospital such as ours was needed. In the past year upward of two hundred such cases have been treated. The results that have been obtained will we believe go far toward establishing the great curative value of this remedy in certain diseases of the nervous system.

In the Out-patient Department of the Hospital there have been 3,557 new patients, 500 more than in the previous year, and an average of upward of ten patients each day. This number with the large number of patients making revisits taxes our capacity,

and it has often been with the greatest difficulty, that we have been able, working with the full staff of assistants to get through the mass of patients coming there. As many as thirty new patients have come to the Out-patient Department in an afternoon. A considerable percentage of these patients come bringing letters from their physician which request aid in diagnosis and counsel in carrying out treatment. Such patients are always referred back to the physician who sent them, or if it has been specifically requested the treatment is carried out here. It is the unanimous opinion of the physicians working here, and who have had experience in the large clinics in Europe, that there are few places where such a wealth of clinical material is to be observed and studied.

Once a week the physicians working in the Institute gather in conference. The rarer and more interesting cases that have come to the Hospital during the week are demonstrated and discussed. Such conference is not only a help to the physicians of the Institute but it is of great value to the patient, giving him as it does, the benefit of several physicians advice, someone of whom is likely to have encountered similar disease no matter how rare it is. These conferences are open to the medical profession and the number of physicians who have attended them express the appreciation in which they are held.

The greatest increase in the amount of work performed by the Institute was in the department of applied therapeutics. In the year 1910 upward of 10,000 treatments were given in this department, but in the year 1911 upward of 22,000 treatments were given. In other words the activity of this department has been increased upward of 100 per cent., and I need scarcely say that its fullest capacity has been tested. In order to accomplish what has been done in this department, viz: in the application of water, electricity, light, heat, mechanical and manual appliances, we have had to have a large corps of trained assistants working under the direction of a physician whose entire time has been given to it.

In this category is not included the activities of the occupation, recreation and disciplinary departments of the Hospital, which are conducted upon the roof of the building. Ward patients for whom exercises have been prescribed are divided into squads and



taken to the roof for calisthenics, medicine ball, and various games requiring exercises adapted to them. Private patients are given individual attention. Special trainers who have had large experience are in charge of this branch of the work.

The Occupation Department, which is conducted in a small house upon the roof, has been very successful. The varieties of work that the patients do are basketry, sewing, knitting, embroidery, knotted raphia work, stenciling, metal work, carpentry, drawing and modelling, and printing.

In October we obtained a printing press and during October and November the treatment cards, prescription blanks, etc., for the Institute, over 5,000 cards in all, were set up and printed.

The popularity of this department is attested by the number of patients working there, 103 for instance, in the month of May, when 78 pieces of work were finished, and by the donations that have been received from former patients. In the afternoon, a portion of the roof is set apart for dancing, a deservedly popular measure especially for nervous patients.

The growth of the Hospital is nowhere better shown than in the clinical laboratory where approximately 9,000 examinations have been made, and this is in contrast with the 2,686 examinations of 1910. These examinations were of the various secretions, excretions and tissue of the body.

Much work has been done in the pathological department and several articles based upon that work have been published, or are in the course of publication.

The activity of the Hospital is likewise attested by the very considerable increase in the number of surgical operations that have been done. No one can glance at the table that sets forth the number of spinal cord tumors that have been removed without being impressed with the fact that the surgical side of the treatment of certain nervous diseases is an extremely important one.

The funds for the conduct of the Social Service Department were provided by four ladies who were interested in that branch of the work. A very large part of the time of the Director has been spent in the Clinics, and the work that he has accomplished there has, I think, been most satisfactory to the physicians who

utilize this important adjuvant to prevent and combat nervous and mental disease.

This brief resume of the work that has been done in the second year of the Hospital's existence and particularly when taken in conjunction with and contrasted with the work of the first year, is the answer to the question—"Is such a hospital essential to this community"—which we propounded to ourselves three years ago. Such a hospital is not only needed but imperatively demanded. There must be some Hotel Dieu to which the poor and semi-poor burdened with the efficiency-destroying and incapacitating disorders called nervous diseases can go with the hope and belief that they will get as good care and attention as if they had disorder of their digestive organs, their eyes or their joints. Until the establishment of the Neurological Institute there was no such place in New York, nor in fact in this country. You have helped us to found, equip and establish such a hospital. Its efficiency has been demonstrated. It remains to be seen whether the public will maintain it, endow it, and provide us and our successors with adequate and appropriate facilities for carrying on the work. Our present building is ill adapted to the work and moreover it is far too small. Oftentimes 200 patients are treated in the therapeutic departments (all of which are on the ground floor or the roof in one day. Satisfactorily to treat such an enormous number we must have more room. Oftentimes upward of thirty new patients have come in one afternoon to be examined. Very rarely can a satisfactory neurological examination be made in less than a hour. You will therefore readily see that if we are going to do the work that is before us to do, we must have a place in which an adequate number of physicians can work. What we need is a modern hospital adapted in its construction to the peculiar wants of patients with nervous disease, and a sanitarium in the country where the after treatment of such patients can be carried out properly and effectively.

Nervous and mental diseases need to be studied and interpreted—before they can be prevented or cured. As I said in my previous report the vital element of our work is educational. Those who are sick profit from the Institute's existence now, but the great profit that shall come to all mankind will come through the

ministration and example of those who are taught here in special fields. Within a few years we should have throughout this city and country physicians, and special workers in the field of the treatment of nervous disease who have been convinced from what they have seen here that the therapeutics of nervous disease is not a barren field, but one in which the skilled workman may reap a rich harvest. Such teaching must be personal and individual. It can be imparted in no other way. The facts upon which such teaching is founded must emanate from the laboratories and from experience at the bedside. Scientific study must be the source from which they flow. Our duties and privileges as an educational institution are not circumscribed even by such instruction. The atypical child must be studied here and the possibilities that life holds for him must be defined. The delinquent while still taking faltering steps must be steadied, and if possible put in the right path. The shy, the sensitive, the obsessed, the neuropath, and the psycopath must be got hold of early if their potentiality for suffering and inadequacy is to be reduced and conquered.

Respectfully submitted,

JOSEPH COLLINS,  
*Executive Physician.*

Number of Patients Admitted to the Hospital According to Services:

SERVICE.	ADMITTED.			TOTAL TREATED.			DIS-CHARGED.			RECOVERED AND IMPROVED.			NOT IMPROVED.			NOT TREATED.			DIED.			REMAINING Nov. 30, 1911.		
	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.
Dr. Collins, ...	336	265	601	313	252	565	325	250	575	214	174	388	84	77	161	23	13	36	15	1	16	11	15	26
Dr. Fraenkel, .	155	117	272	114	91	205	147	102	249	92	76	168	18	15	33	41	26	67	4	4	8	15	23	
Dr. Bailey, ...	186	126	312	173	123	296	178	118	296	129	88	217	46	23	69	13	3	16	3	7	10	8	8	16
Total, ....	677	508	1,185	600	466	1,066	650	470	1,120	435	338	773	148	115	263	77	42	119	22	8	30	27	38	65

### Hospital Patients Classified According to Race and Nationality.

COUNTRY.	CHRISTIAN.		HEBREW.	
	Male.	Female.	Male.	Female.
Austria, .....	4	3	28	18
Bohemia, .....	5	1	...	...
Canada, .....	5	5	...	...
Ireland, .....	29	21	...	...
Denmark, .....	2	1	...	...
England, .....	17	11	3	3
France, .....	2	...	1	...
Germany, .....	27	13	24	16
Greece, .....	1	1	...	...
Holland, .....	...	...	...	1
Hungary, .....	1	2	11	18
Italy, .....	24	16	...	...
Norway, .....	1	...	...	...
Poland, .....	...	...	2	1
Roumania, .....	...	...	8	11
Russia, .....	...	1	148	73
Switzerland, .....	1	...	...	...
Scotland, .....	9	5	...	...
Sweden, .....	4	2	...	...
Turkey, .....	...	...	2	...
United States, .....	278	208	51	72
Wales, .....	3	...	...	...
Cuba, .....	...	1	...	...
Total, .....	413	291	278	203

### Number of New Patients in Dispensary.

	DR. COLLINS.			DR. BAILEY.			DR. FRAENKEL.		
	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.
December, .....	51	31	82	28	30	58	32	42	74
January, .....	48	49	97	36	49	85	38	35	73
February, .....	53	50	103	44	27	71	49	51	100
March, .....	46	52	98	40	37	77	60	65	125
April, .....	63	80	143	53	32	85	70	66	136
May, .....	64	76	140	61	36	97	46	73	119
June, .....	66	77	143	56	60	116	47	53	100
July, .....	55	68	123	31	24	55	52	40	92
August, .....	69	64	133	42	48	90	49	39	88
September, ....	51	47	98	46	38	84	45	51	96
October, .....	44	67	111	67	47	114	45	48	93
November, ....	44	57	101	31	20	51	50	56	106
Total, .....	654	718	1,372	535	448	983	583	619	1,202

### Total Treatments.

	Electrical.	Hydrotherapy.	Zander.	Fraenkel.	Baking.	Massage.	Total.
December, .....	652	484	59	...	94	195	1,484
January, .....	684	499	68	...	69	217	1,537
February, .....	659	446	41	...	49	252	1,447
March, .....	681	485	73	...	97	333	1,669
April, .....	586	534	70	2	102	356	1,650
May, .....	697	644	82	...	159	446	2,028
June, .....	720	759	44	...	225	560	3,308
July, .....	509	570	22	...	175	242	1,518
August, .....	705	920	203	2	161	433	2,424
September, .....	595	754	225	...	108	482	2,164
October, .....	529	590	138	...	178	422	1,857
November, .....	649	665	186	...	225	524	2,249
Total, .....	7,666	7,350	1,211	4	1,642	4,462	22,335



## Hospital Department.

	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
1. Diseases of the motor tracts, .....	38	23	61
a—Spinal muscular atrophy.			
b—Amyotrophic lateral sclerosis.			
c—Lateral sclerosis (Primary, spastic tabes, etc.).			
d—Hereditary spastic spinal paralysis.			
e—Muscular atrophy progressive (Neural).			
f—Muscular dystrophy (primary myopathy).			
2. Diseases of the sensory tracts (combined sensory and motor), .....	51	14	66
a—Tabes.			
b—Hereditary spinal ataxia.			
c—Hereditary cerebellar ataxia.			
d—Combined sclerosis of the spinal cord.			
e—Ganglionitis, herpes zoster.			
3. Disseminated sclerosis, .....	21	22	43
a—Multiple sclerosis, cerebral and spinal.			
b—pseudo sclerosis.			
c—diffuse sclerosis.			
4. Diseases of the spinal cord, .....	62	41	103
a—Poliomelitis.			
b—Myelitis including syphilitic myelitis.			
c—Landry's paralysis.			
d—Haematomyelia (including Caisson disease).			
e—Syringomyelia.			
f—Tumors.			
g—Compression.			
5. Diseases of blood vessels, cerebral, spinal and visceral, .....	80	57	137
a—Anemia and hyperemia.			
b—Cerebral arteriosclerosis, and endarteritis.			
c—Aneurism.			
d—Apoplexy.			
e—Rupture, thrombosis and embolism.			
f—Arteriosclerosis of the spinal cord.			
g—Softenings, myelomalacia.			
6. Cerebral, infantile paralysis, .....	24	25	49
7. Encephalitis.			
a—Hemorrhagic.			
b—Purulent.			
c—Productive.			
8. Hydrocephalus, .....	7	6	13
9. Tumors of the brain and meninges, .....	26	16	42
10. Meningitis, .....	5	2	7
a—cerebral.			
b—spinal.			
11. Peripheral nerves, .....	89	114	203
a—Trauma.			
b—Inflammation.			
c—Neuralgia.			
d—Postural pain, pains of visceral dislocation, flat feet, enteroptosis.			

	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
12. Diseases of the plexuses, .....	85	48	133
a—Neuromata.			
b—Multiple neuritis.			
13. Diseases of the cranial nerves, .....	26	16	42
Spasmodic torticollis classified under affections of the 11th, tachycardia under 10th, lingual spasm under 12th, etc.).			
14. Neuroses of Degeneracy, .....	212	181	393
a—Hysteria.			
b—Epilepsy.			
c—Psychasthenia.			
d—Migraine.			
e—Tic.			
f—Congenital neurasthenia.			
15. Neurasthenia Group, primary neurasthenia, .....	165	162	327
16. Hereditary Diseases, .....	9	10	19
a—Huntington's Chorea.			
b—Amaurotic family idiocy.			
c—Congenital retinal conditions, etc.			
17—Trophic disorders, .....	38	114	152
a—Disorders of internal secretion.			
b—Graves Disease.			
c—Hyperthyroidism.			
e—Acromegaly.			
f—Angioneurotic edema.			
g—Myxoedemia.			
h—Myasthenia gravis.			
i—Obesity, Paralysis Agitans.			
18. Intoxications and infections, .....	180	251	431
a—Chorea.			
b—Special forms of rheumatism.			
c—Bromide, lead intoxication, etc.			
d—Tetany.			
e—Rabies.			
f—Syphilis.			
g—Diabetic states and uremia, alcoholism save neuritis and the alcoholic psychoses.			
19. Diseases of the joints and bones, .....	83	89	172
20. Diseases of the muscles, .....	22	16	38
21. Diseases of the blood and blood elaborating organs,	23	42	65
22. Diseases of the Digestive system, .....	37	65	102
23. Occupation disorders, .....	9	11	20
24. Vertigo, Menieres Disease, .....	6	4	10
25. Headache, .....	43	79	122
26. Diagnosis deferred, .....	57	49	106
27. Miscellaneous, .....	59	89	148
28. Alcoholic group, .....	19	12	31
a—Hallucinosia.			
b—Delirium Tremens.			
c—Korsakow's Psychosis.			
29. Depressions, .....	6	21	27
a—Simple.			
b—Senile.			
30. General Paresis, .....	42	11	53

	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
31. Inferiority Group, .....	125	98	223
a—Retardation.			
b—Constitutional inferiority (kleptomania moral imbecility).			
c—Arrested development.			
d—Idiocy.			
e—Speech defects.			
32. Infective, Exhaustive Group, .....	12	12	24
a—Toxic psychosis.			
33. Manic Depressive Insanity, .....	55	77	132
34. Dementia Praecox, .....	44	47	91
35. Melancholia Involution, .....	6	33	39
36. Paranoic conditions, .....	1	1	2
37. Senile Psychosis, .....	6	1	7

### Report of Operations Performed.

Total number of operations, .....	90
Deaths, .....	7
<i>Craniotomies</i> , .....	31
Deaths, .....	3
<i>Craniotomy—</i>	
exploratory with subtemporal decompressions, .....	6
for Jacksonian epilepsy, .....	3
for subtemporal decompressions, .....	4
for suboccipital bilateral decompressions, .....	5
Exploratory, .....	1
Secondary, .....	6
Abscess of brain, .....	1
Removal of brain tumor, .....	2
sella decompressions hypophysis tumor, .....	1
Intracranial neurectomy, .....	2
<i>Laminectomies</i> , .....	24
Deaths, .....	4
<i>Laminectomy</i> , for section posterior roots, .....	8
for fractured vertebra, .....	1
for old fracture spine, .....	1
for tumor spinal cord, .....	3
for tumor cauda equina, .....	3
Secondary, .....	4
for suspected tumor, .....	4
Excision cervical spina bifida, .....	1
<i>Operations on Nerves</i> , .....	21
Sections of divided median nerve, .....	1
Sections of divided ulnar nerve, .....	11
Resection of spinal accessory, .....	1
Bridging of ulnar nerve, .....	1
Stretching Sciatic nerve, .....	1
Alcoholic injections (trigeminal neuralgia), .....	11
Excision of neuroma of finger, .....	1
Exploration of Brachial plexus, .....	2
(Birth Palsy)	

Injection of Sciatic nerve, .....	1
Miscellaneous Operations, .....	13
Exploratory laparotomy, .....	1
Tenoplasty, .....	3
Thyroidectomy, .....	1
Abdominal hysterectomy, .....	2
Suprapubic cystotomy, .....	1
Excision of hemorrhoids, .....	1
Circumcision, .....	1
Ligation Thyroid vessels, .....	1
Ligation temporal artery hemorrhage, .....	1
Fixation of scapula, .....	1

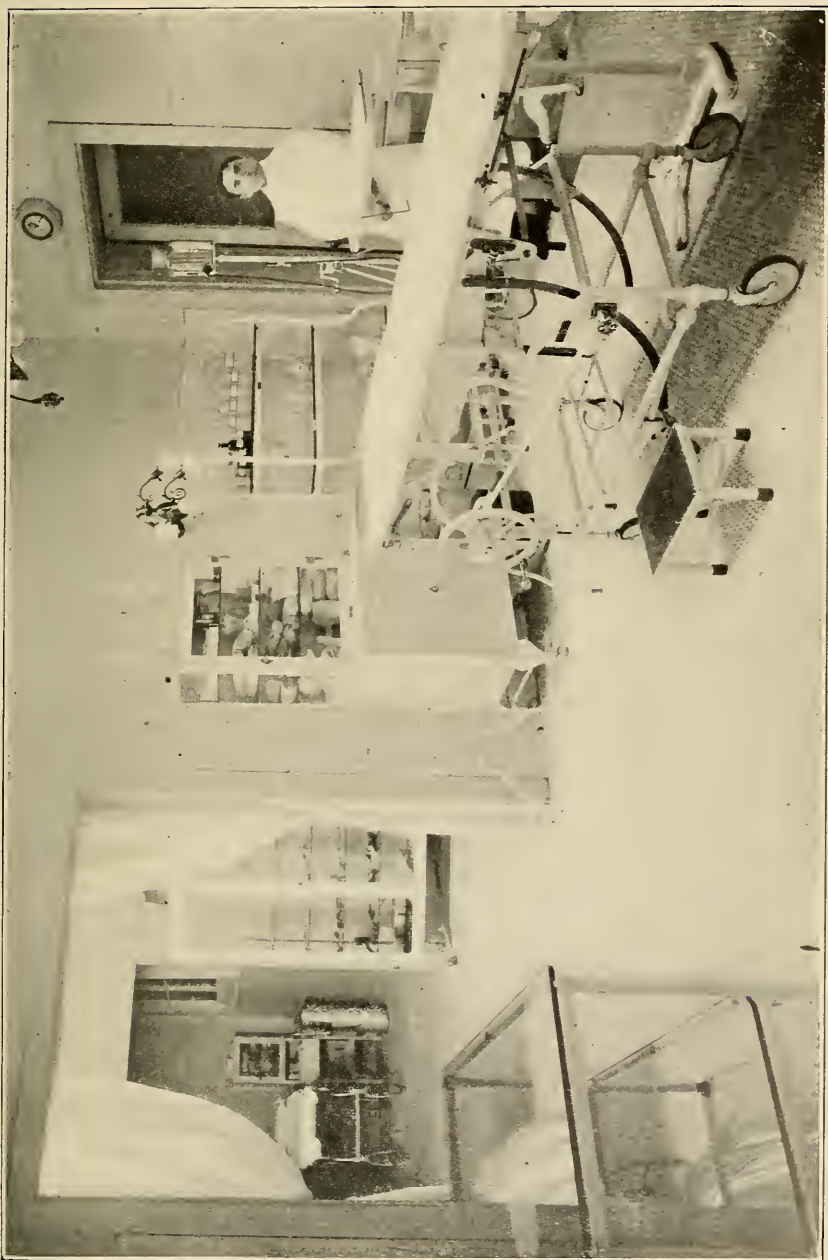
### Dispensary Department.

	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
1. Diseases of the motor tracts, .....	8	4	12
a—Spinal muscular atrophy.			
b—Amyotrophic lateral sclerosis.			
c—Lateral sclerosis (Primary, spastic tabes, etc.).			
d—Hereditary spastic spinal paralysis.			
e—Muscular atrophy progressive (Neural).			
f—Muscular dystrophy (primary myopathy).			
2. Diseases of the sensory tracts (combined sensory and motor), .....	109	12	121
a—Tabes.			
b—Hereditary spinal ataxia.			
c—Hereditary cerebellar ataxia.			
d—Combined sclerosis of the spinal cord.			
e—Ganglionitis, herpes zoster.			
3. Disseminated sclerosis, .....	9	13	22
a—Multiple sclerosis, cerebral and spinal.			
b—pseudo sclerosis.			
c—diffuse sclerosis.			
4. Diseases of the spinal cord, .....	38	13	51
a—Poliomyelitis.			
b—Myelitis including syphilitic myelitis.			
c—Landry's paralysis.			
d—Haematomyelia (including Caisson Disease).			
e—Syringomyelia.			
f—Tumors.			
g—Compression.			
5. Diseases of blood vessels, cerebral, spinal and vis- ceral, .....	42	27	69
a—Anemia and hyperemia.			
b—Cerebral arteriosclerosis, and endarteritis.			
c—Aneurism.			
d—Apoplexy.			
e—Rupture, thrombosis and embolism.			
f—Arteriosclerosis of the spinal cord.			
g—Softenings, myelomalacia.			
6. Cerebral, infantile paralysis, .....	5	3	8
7. Encephalitis, .....	2	2	4
a—Hemorrhagic.			
b—Purulent.			
c—Productive.			

	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
8. Hydrocephalus, .....	3	1	4
9. Tumors of the brain and meninges, .....	32	14	46
10. Meningitis, .....	8	3	11
a—cerebral.			
b—spinal.			
11. Peripheral nerves, .....	17	18	35
a—Trauma.			
b—Inflammation.			
c—Neuralgia.			
d—Postural pain, pains of visceral dislocation, flat feet, entropsis.			
12. Diseases of the plexuses, .....	15	6	21
a—Neuromata.			
b—Multiple neuritis.			
13. Diseases of the cranial nerves, .....	9	4	13
(Spasmodic torticollis classified under affections of the 11th, tachycardia under 10th, lingual spasm under 12th, etc.)			
14. Neuroses of Degeneracy, .....	64	73	137
a—Hysteria.			
b—Epilepsy.			
c—Psychasthenia.			
d—Migraine.			
e—Tic.			
f—Congenital neurasthenia.			
15. Neurasthenia Group, primary neurasthenia, .....	30	37	67
16. Hereditary Diseases, .....	6	2	8
a—Huntington's Chorea.			
b—Amaurotic family idiocy.			
c—Congenital retinal conditions, etc.			
17. Trophic disorders, .....	16	27	43
a—Disorders of internal secretion.			
b—Graves Disease.			
c—Hyperthyroidism.			
e—Acromegaly.			
f—Angioneurotic edema.			
g—Myxoedemia.			
h—Myasthenia gravis.			
i—Obesity, Paralysis Agitans.			
18. Intoxications and infections, .....	56	58	114
a—Chorea.			
b—Special forms of rheumatism.			
c—Bromide, lead intoxication, etc.			
d—Tetany.			
e—Rabies.			
f—Syphilis and uremia.			
g—Diabetic states and uremia, alcoholism save neuritis and the alcoholic psychoses.			
19. Diseases of the joints and bones, .....	22	15	37
20. Diseases of the muscles, .....	10	8	18
21. Diseases of the blood and blood elaborating organs,	12	12	24
22. Diseases of the digestive system, .....	8	16	24
23. Occupation disorders, .....	2	5	7
24. Vertigo, Menieres disease, .....	1	1	2
25. Headache, .....	7	10	17
26. Diagnosis deferred, .....	13	31	44
27. Miscellaneous, .....	23	21	44

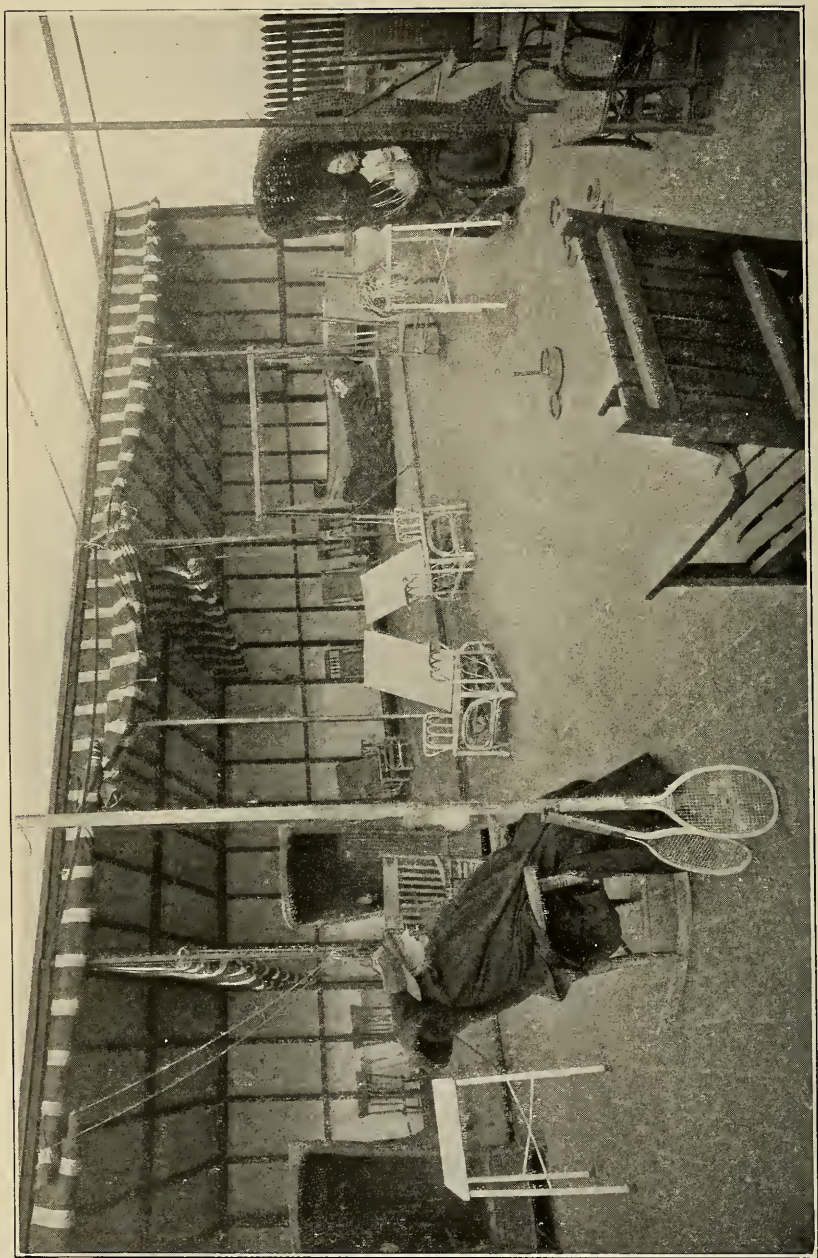
28. Alcoholic group, .....	29	6	35
a—Hallucinoses.			
b—Delirium Tremens.			
c—Korsakow's Psychosis.			
29. Depressions, .....	1	3	4
a—Simple.			
b—Senile.			
30. General Paresis, .....	33	3	36
31. Inferiority Group, .....	5	4	9
a—Retardation.			
b—Constitutional inferiority (kleptomania, moral imbecility).			
c—Arrested development.			
d—Idiocy.			
e—Speech defects.			
32. Infective, Exhaustive Group, .....	3	4	7
a—Toxic psychosis.			
33—Manic Depressive Insanity, .....	9	21	30
34. Dementia Praecox, .....	22	22	44
35. Melancholia Involution, .....	4	8	12
36. Paranoic conditions, .....	..	4	4
37. Senile Psychosis, .....	1	..	1
Total, .....			<hr/> 1,185





OPERATING ROOM.





PORTION OF ROOF GARDEN.

## SUPERINTENDENT'S REPORT.

*To the Board of Trustees of the Neurological Institute of New York:*

*Gentlemen.*—I have the honor to make the report for the year 1910 and 1911. The Superintendent's report necessarily takes the form of statistics which are herewith given :

### Nationalities.

Austria, .....	317	Japan, .....	1
Belgium, .....	3	Norway, .....	2
Bohemia, .....	19	Poland, .....	18
Canada, .....	16	Romania, .....	81
Denmark, .....	5	Russia, .....	1,157
England, .....	69	Switzerland, .....	2
France, .....	17	Scotland, .....	12
Germany, .....	197	Sweden, .....	22
Greece, .....	3	Spain, .....	2
Holland, .....	5	Turkey, .....	12
Hungary, .....	94	United States, .....	1,240
Ireland, .....	141	West Indies, .....	5
Italy, .....	117		
		Total, .....	3,557

### Comparison of Statistics for Two Years Each Ending Nov. 30.

#### PATIENTS ADMITTED.

	1910	1911
Private—		
Male, .....	85	136
Female, .....	134	107
Ward—		
Male, .....	212	446
Female, .....	278	331
Free—		
Male, .....	52	88
Female, .....	64	55
Total Male, .....	349	670
Total Female, .....	476	493

#### DISPENSARY PATIENTS.

Number of patients, .....	3,145	3,557
Treatments given, .....	23,604	26,782

#### NUMBER OF PATIENT DAYS.

Private, .....	5,983	4,246
Ward, .....	11,555	19,856
Free, .....	2,133	2,631
Total, .....	19,671	26,733

# Operating Earnings for Two Years Each Ending Nov. 30.

	EARNINGS.		OPERATING EXPENSES.		DEFICIT.	
	1910	1911	1910	1911	1910	1911
December (1909), .....	\$2,871 89	\$8,962 54	\$6,702 07	\$11,946 87	\$3,830 18	\$2,984 33
January, .....	4,707 43	8,102 81	8,124 22	11,629 59	3,416 79	3,526 78
February, .....	5,613 62	10,219 13	9,583 81	11,341 29	3,970 19	1,122 16
March, .....	9,136 07	11,428 50	9,712 03	12,711 25	575 96	1,282 75
April, .....	8,016 04	11,046 27	10,939 00	11,320 41	2,922 96	274 14
May, .....	7,810 44	10,668 87	10,480 10	12,165 57	2,669 66	1,496 70
June, .....	6,378 90	9,684 86	9,393 61	10,957 67	3,014 71	1,272 81
July, .....	5,376 88	7,599 94	9,663 77	11,360 29	4,286 89	3,760 35
August, .....	5,118 76	6,091 74	9,312 46	9,857 88	4,193 70	3,766 14
September, .....	5,014 56	6,221 34	9,067 03	9,684 54	4,052 47	3,463 20
October, .....	6,341 29	7,850 83	9,984 02	11,360 54	3,642 73	3,509 71
November, .....	6,905 96	6,061 54	10,480 26	10,152 57	3,574 30	4,091 03
Total, .....	\$73,291 84	\$103,938 37	\$113,442 38	\$134,488 47	\$40,150 54	\$30,550 10

**Comparative Cash Statement for Two Years, Ending Nov. 30.**

Receipts.		Disbursements.	
	1910	1910	1911
To Gross Earnings from:			
Private patients, .....	\$37,355 79	\$42,153 12	\$55,449 18
Ward patients, .....	23,716 68	42,291 73	31,596 38
Special nursing, .....	6,649 51	10,890 14	18,586 75
Dispensary and treatment, .....	5,108 81	7,800 95	5,146 86
Miscellaneous receipts, .....	461 05	802 43	1,643 72
Total, .....	\$73,291 84	\$103,938 37	7,760 94
Less accounts charged off above, .	3,051 34	2,204 72	2,176 32
Cash receipts, .....	\$70,240 50	\$101,733 65	1,906 73
Advance payments from patients, .	544 74	1,002 07	2,021 09
Donations as per list, .....	80,175 89	33,798 69	6,825 47
Balance at beginning of year, .....	\$150,961 13	\$136,534 41	1,375 03
		6,619 01	\$134,488 47
			3,467 40
			\$113,442 38
			\$134,488 47
			\$131,021 07
			.....
			5,625 00
			878 64
			453 56
			739 52
			3,353 71
			4 40
			715 65
			1,806 51
			\$144,342 12
			\$138,094 42
			185 39
			1,519 00
			900 00
			1,100 00
			5,533 62
			2,440 00
			\$150,961 13
			\$143,153 42

The great need in this community of an institution where patients suffering from nervous diseases are treated is attested by the increase of patients during the past year as compared with the former year and shown by comparison of the statistical tables.

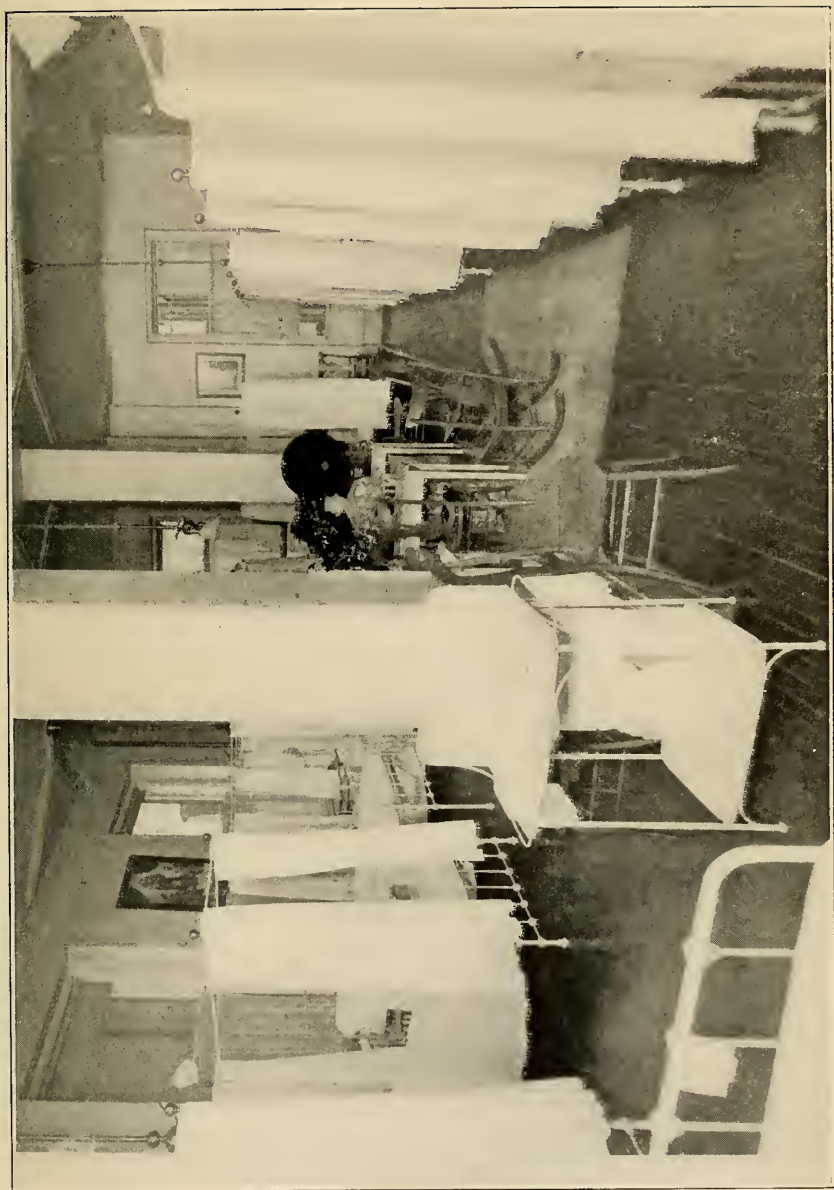
Until the new building is erected we will continue the necessary work in our limited quarters.

The counsel of the Board of Trustees and the hearty co-operation of the heads of departments with the Superintendent in his work have been much appreciated.

Respectfully submitted,

ALEXANDER H. CANDLISH,  
*Superintendent.*





WOMEN'S WARD.



ROOM FOR RE-EDUCATION OF MOVEMENT.



## REPORT OF SUPERVISOR OF NURSES.

*To the Board of Trustees Neurological Institute, New York City:*

*Dear Sirs.*—In response to an urgent need that was not being met by the nursing schools of this city for specially trained nurses to care for patients suffering from the different forms of nervous disorders, this hospital made preparation for and offered such a course to graduate nurses who wished to prepare themselves for this form of nursing. This work was begun September 1, 1910. The third course is now nearly completed.

The following lectures and classes have been given:

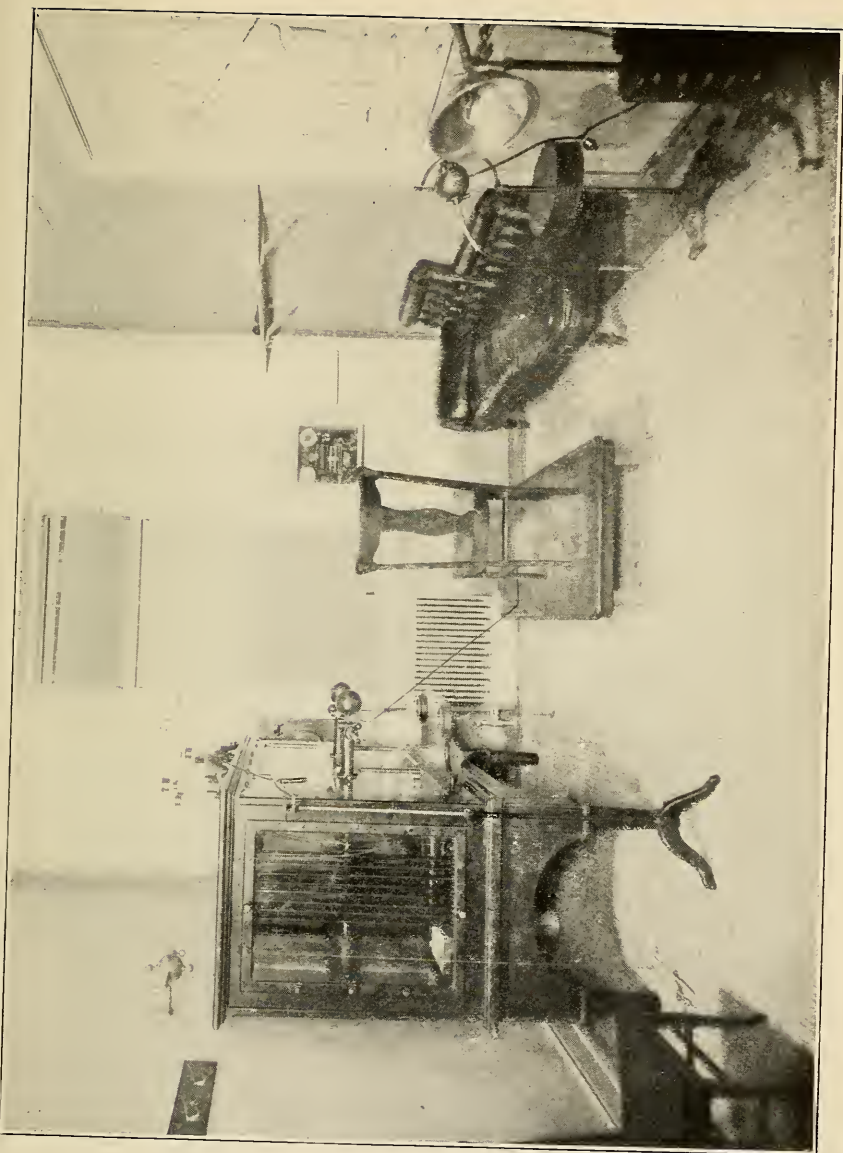
Anatomy and Physiology Nervous System (15 lessons), . . . . .	Dr. Zabriskie.
Laboratory Analysis (2 lessons), . . . . .	Dr. Kaplan.
Psychology (4 lessons), . . . . .	Mr. Ellis.
Occupations (24 lessons), . . . . .	Miss Buck.
Hydrotherapy (12 lessons), . . . . .	Miss O'Brien.
Nursing in Nervous Diseases, . . . . .	Dr. Pearce Bailey.
Psychic Management Nervous Diseases, . . . . .	Dr. Joseph Fraenkel.
Emergency care of the Insane, . . . . .	Dr. Jelliffe.
Nursing in states of Depression, . . . . .	Dr. Casamajor.
Nursing in states of Excitement, . . . . .	Dr. Ricksher.
Nursing in states of Dementia, . . . . .	Dr. Casamajor.
Nursing in Brain Diseases, . . . . .	Dr. Kennedy.
Observation, Differentiation and Immediate Treatment of Fits,	Dr. Kennedy.
Surgical Nursing in Nervous Diseases, . . . . .	Dr. Elsberg.
Hydrotherapy, . . . . .	Dr. Taylor.
Electrotherapy, . . . . .	Dr. Ogilvie.
Mechanotherapy, . . . . .	Dr. Armour.
Re-education in Locomotor Ataxia, . . . . .	Dr. Barclay.

Four of these lectures have appeared in the American Journal of Nursing and all of them have been of great help to the nurses who are taking up this branch of nursing. From the announcements sent out we have received the following results:

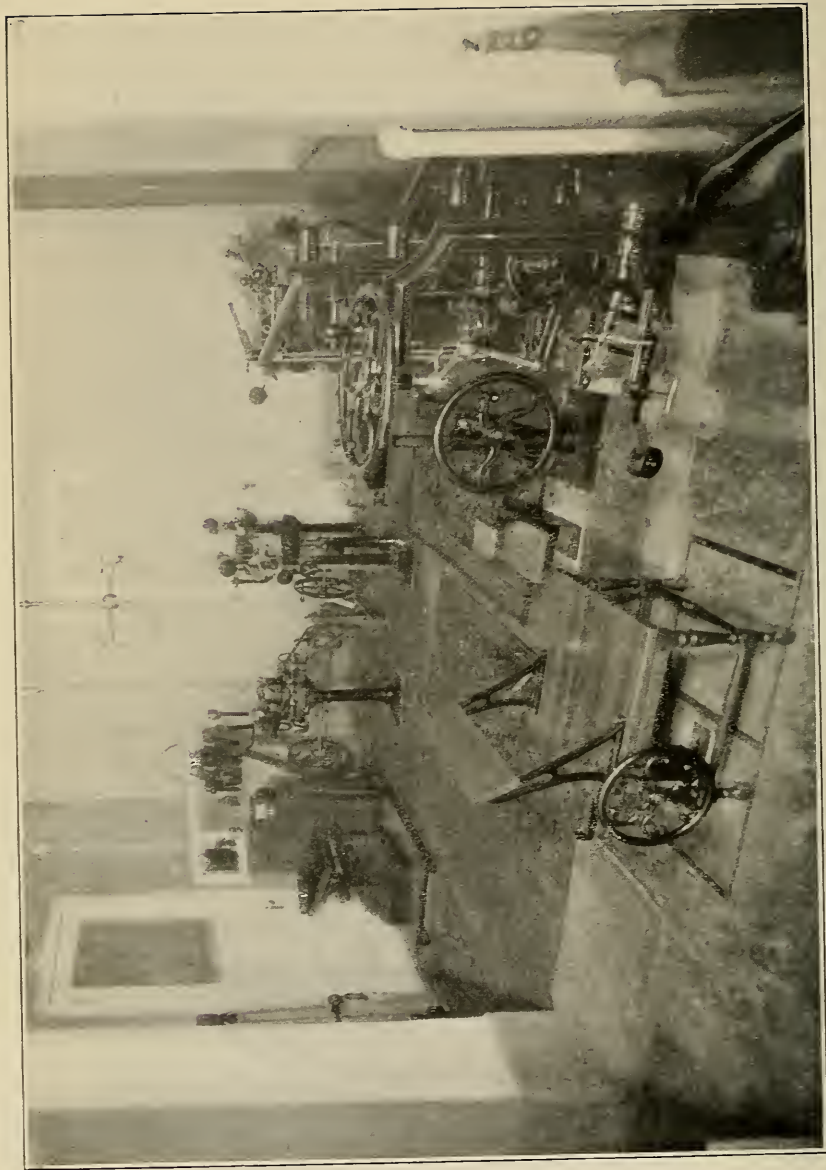
Letters of inquiry, . . . . .	163
Nurses entered, . . . . .	45
Nurses entering for 3 months, . . . . .	5
Nurses resigned, . . . . .	7
Nurses in training, . . . . .	12
Nurses graduated, . . . . .	11
Applications waiting list, . . . . .	14

I desire to express my appreciation to the members of the medical staff for their care of the sick nurses and their interest and assistance with the teaching course; and to the Superintendent and members of the Nursing Committee for their co-operation.

AMY M. HILLIARD,  
*Supervisor of Nurses.*



ELECTRO-THERAPEUTIC ROOM.



ZANDER MECHANICAL APPARATUS.

## DONATIONS.

Donations have been received from the following named during year ending November 30, 1911:

Anonymous,	New York Foundation,
Anonymous per Chas. Steele,	R. P. Perkins,
Brick Presbyterian Church,	Sam T. Peters,
Ella Mabel Clarke,	J. H. Schiff,
G. G. Frelingheusen,	Charles Scribner,
E. H. Gary,	Charles Scribners' Sons,
G. G. Haven, Jr.,	Charles Steele,
Adrian Iselin, Jr.,	E. T. H. Talmage,
Otto H. Kahn,	Paul Warburg,
Otto Kaufman,	R. H. Williams,
H. K. Knapp,	Lewis S. Wolff,
Walter G. Ladd,	Mrs. Lewis S. Wolff,
Morris Loch (Dr.),	Mrs. Dorothea Wolff,
Victor Morawitz,	Mrs. Gilbert Wood,

Donations received at Hospital from—

Mrs. Dinsmore.	Isaac Townsend,
Dr. Elsberg,	Mrs. F. W. Vanderbilt,
Mrs. Henley,	R. H. Williams,
Mrs. Otto H. Kahn,	

Donations were received through subscription books from—

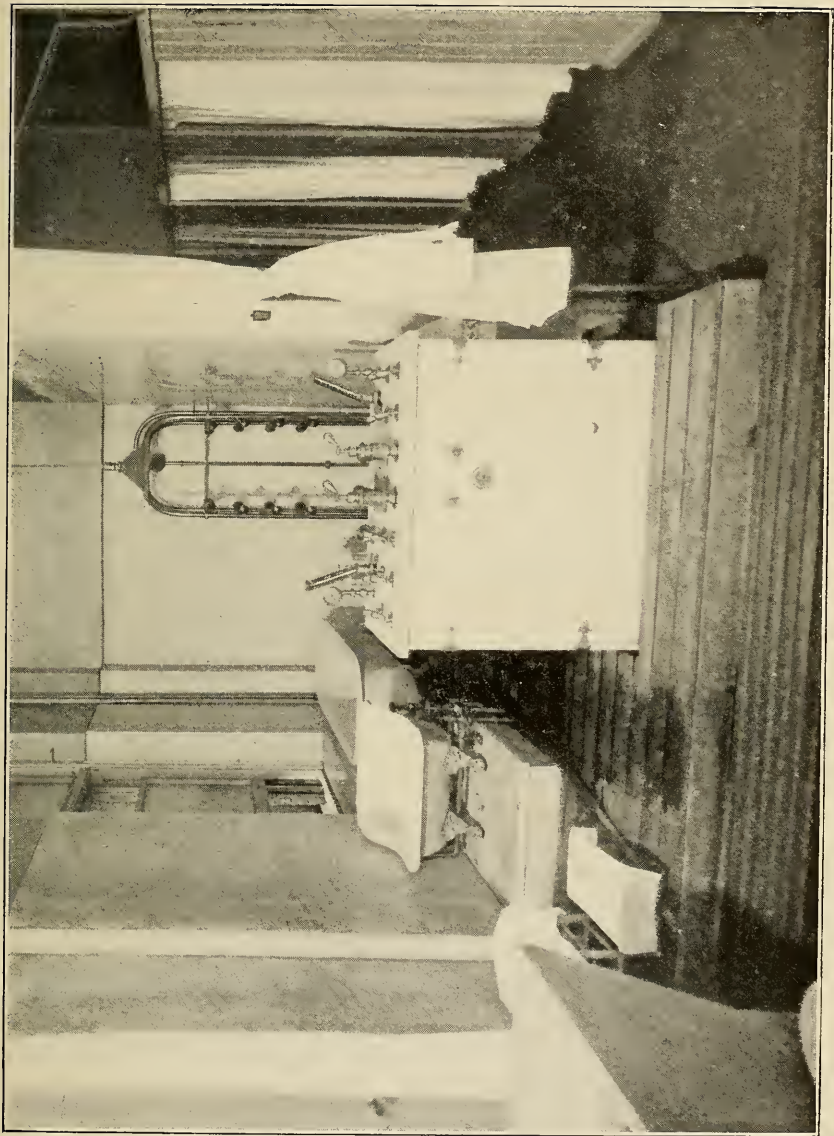
G. M. Allen,	F. G. Griswold,
Edward W. C. Arnold,	J. M. Hare,
L. C. Benedict,	Albert H. Harris,
E. A. Bliss,	E. R. Holden,
John M. Bowers,	E. de F. Hosmer,
A. N. Burbank,	E. C. Hoyt,
Frank V. Burton,	Dr. Walter B. James,
E. C. Carter.	Frederic B. Jennings,
Cash,	J. B. Leake,
Cash (B-2286),	Philip M. Lydig,
Percy Chubb,	Alfred Bishop Mason,
George C. Clark,	E. McMillan,
Louis C. Clark,	Frank P. Mitchell,
W. Campbell Clark,	Mrs. Charles Neave,
Dr. Henry Clarke Coe,	William H. Porter,
Sherman Day,	John J. Riker,
Henry de Coppet,	Mrs. W. B. Rogers,
J. R. Dilworth,	W. T. Sabine,
James Douglas,	Hewlett Scudder,
Alice Drexel,	C. L. Slattery,
James May Duane,	Mrs. William S. Sloan,
Mary M. Emery,	Charles Robinson Smith,
John W. Frothingham,	W. V. S. Thorne,
R. L. Gerry,	Mrs. William K. Vanderbilt,
Mr. and Mrs. Clinton Gilbert,	Artemus Ward,
Mrs. Lawrence L. Gillespie,	

## GIFTS.

During the past year the Hospital has received donations, such as books, toys, printing press, instruments, etc., from the undernamed, which are appreciated:

American Bible Society, Mrs. Caulderwood, Dr. Joseph Collins, Miss Day, Mrs. Doudge, Mrs. A. G. Hodges, Mrs. Otto H. Kahn, Miss Pope, Mr. Thomas F. Ryan, Mrs. Isaac Seligman, Shwarz & Co., Mrs. William A. Slater, Mrs. G. T. Walsh, Mr. R. H. Williams.





HYDRO-THERAPEUTIC ROOM.





DISPENSARY RECEPTION ROOM.



### **Form of Bequest.**

I give and bequeath to the NEUROLOGICAL INSTITUTE OF NEW YORK, a corporation created in the year 1909, under the Laws of the State of New York, or to the Treasurer thereof for the time being, for its corporate purposes, the sum of ..... dollars.

---

### **Form of Devise of Real Estate.**

I give and devise to the NEUROLOGICAL INSTITUTE OF NEW YORK, a corporation created in the year 1909, under the Laws of the State of New York, for its corporate purposes, all that, etc. (Here describe the property.)

FILE COPY  
NOT TO BE TAKEN  
FROM BOOK  
HARRISON W. H. 1912

W. H. HARRISON

THIRD ANNUAL REPORT

OF

THE NEUROLOGICAL  
INSTITUTE

OF

NEW YORK

FOR THE YEAR ENDING  
NOVEMBER 30TH, 1912

NEW YORK CITY  
149-151 EAST 67TH STREET











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**THE NEUROLOGICAL INSTITUTE  
OF NEW YORK**

For the Study and Treatment of Nervous and  
Mental Diseases

Incorporated 1909

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HARRISON WILLIAMS,  
*Treasurer.*

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*Secretary.*

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*Chairman.*

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WALTER G. LADD,  
FRANK L. POLK,

ISAAC TOWNSEND,  
HARRISON WILLIAMS,  
RICHARD H. WILLIAMS.

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CHARLES STEELE,  
ELBERT H. GARY, HARRISON WILLIAMS.

---

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SHERMAN DAY,  
ELBERT H. GARY,  
AMORY C. HODGES,  
H. K. KNAPP,  
WALTER G. LADD,  
CLARENCE B. MITCHELL,

ROBERT P. PERKINS,  
FRANK L. POLK,  
THOMAS F. RYAN,  
CHARLES SCRIBNER,  
CHARLES STEELE,  
ISAAC TOWNSEND,  
HARRISON WILLIAMS,  
RICHARD H. WILLIAMS.

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FREDERICK PETERSON, M.D., 2nd Division.  
PEARCE BAILEY, M.D., 3rd Division.

---

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### Alienist.

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### Dermatologist.

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Assistants to Associate Surgeon.

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THADDEUS H. AMES, M.D.,  
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Hydrotherapy.

MISS HELEN O'BRIEN,                      ARTHUR BROTSCHNEIDER.

Massage and Mechanotherapy.

CHARLES NELSON, Director.

MRS. SIGRID OSTROM,                      MISS T. CHRISTOPHERSON,  
MISS G. HERTZ,                      ERIK DESSLE.

Folk Dancing and Gymnastics.

HENRY NIEDEREE.

Social Research.

FREDERICK W. ELLIS.



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AMY M. HILLIARD, R.N.

**Assistant Superintendent.**

M. GERTRUDE DWYER, R.N.

**Cashier.**

EDWARD A. POWERS.

**Housekeeper.**

ARVILLA VAN ZANDT.

**Night Supervisor.**

FLORENCE PAGE, R.N.

**Dispensary Supervisor.**

LORAIN T. BEATTY, R.N.

**Private Floors.**

MARIAN C. MASON, R.N.

**Women's Wards.**

MARY H. HEIMAN, R.N.

**Men's Wards.**

AGNES J. STARK, R.N.

## REPORT OF THE EXECUTIVE COMMITTEE.

---

*To the Trustees of the Neurological Institute of New York:*

*Dear Sirs*—The third fiscal year of the Neurological Institute, the first of its kind to be established on this side of the Atlantic, is just closed. The members of the Executive Committee are pleased with the work accomplished and are more convinced than ever of the necessity of continuing the Institution. They believe that distributed through the hospitals of this city are hundreds of individuals suffering from nervous and mental diseases where no facilities exist for their study and no appropriate or adequate provision for their treatment and that the majority of such cases are admitted unwillingly to such hospitals and maintained there for a time on sufferance.

They believe that throughout this city are countless hundreds of individuals, many of them with outward appearance of health, whose activities are stultified and whose usefulness is practically at an end because of the possession of nervous and mental disorder. They believe that there are more persons suffering from general mental diseases outside of asylums, and who are by no means insane in the conventional sense of the term, than there are in asylums and that their therapeutic needs are imperative, and finally that there is need in this country of a place to which Physicians can go to get instruction in the science of neurology and in the art of treating those who are victims of nervous disease.

This Institute has demonstrated the need of a hospital such as it is, but our present quarters are absolutely inadequate. The Institute needs funds to carry on its work where it is, until sufficient money can be donated to build a new hospital.

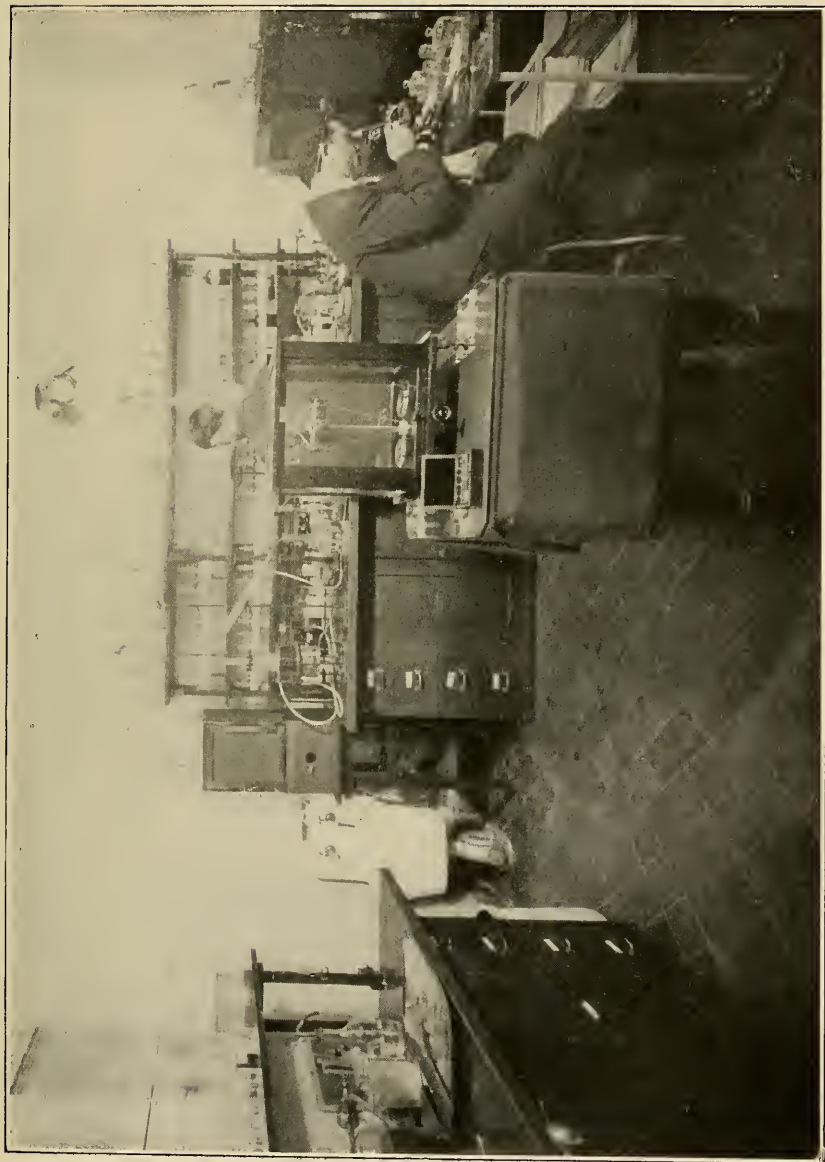
The Executive Committee believe that if the needs of such a hospital can be put before the public, that there should be no question of sufficient donations being made for the building and maintenance of a new hospital. We have gone as far as we can where we are. The wards and out patient departments are crowded every day in the year and many have to be turned away.

The Executive Committee trust that before the next annual meeting the Trustees will make such efforts that sufficient funds will be raised to build an appropriate and adequate hospital building.

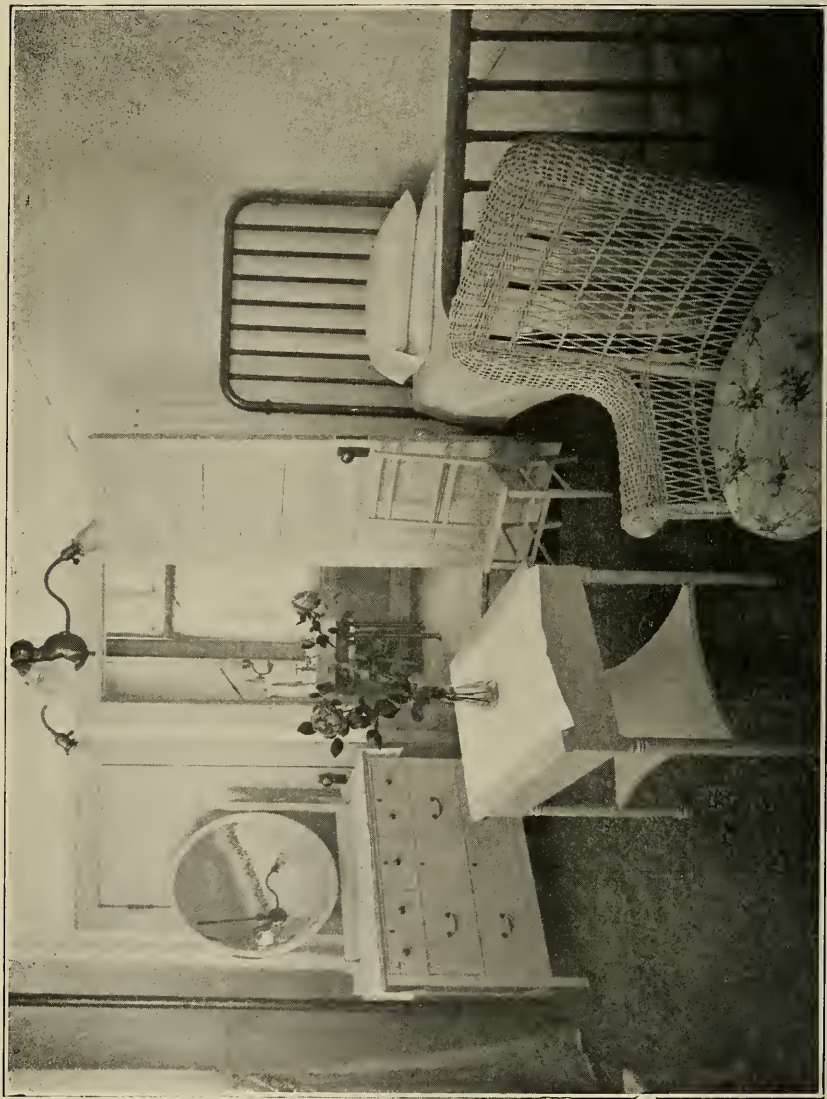
Respectfully submitted,

R. P. PERKINS,

*Chairman of Executive Committee.*



LABORATORY



PRIVATE ROOM WITH BATH

## REPORT OF THE MEDICAL BOARD.

*To the Trustees of the Neurological Institute of New York:*

*Dear Sirs*—I have the honor, on behalf of the Medical Board, to hand you herewith the medical statistics of the Institute for the past year.

The increase in patients coming to the Hospital has been steady and the attendance of our out-patient department is now up to our capacity. We average over 15 new patients a day which, with the old patients, is as many as can be examined and prescribed for properly in the dispensary. There is a physician in every examining room from one in the afternoon until 5 or 6 o'clock, and sometimes even later.

Evidence of the extension of the Hospital's influence in the medical profession is gratifying. Patients come from distant places and doctors are constantly referring to us poor patients for expert opinion and advice; in fact, one of the most beneficial results of the establishment of this Institute is that a working man can now obtain in a short space of time an accurate estimate of his condition. This is made possible by the concentration here of all the different methods of investigation which are usually only at the disposal of the rich.

Once a week medical conferences are held in which clinical and hospital patients are presented before the whole staff for diagnosis and advice. This has proved very helpful to all of us, and physicians not connected with the Institute are frequent attendants at these conferences. The information gained by the careful analysis and discussion is so valuable that the results of the conferences are now being regularly reported in the *New York Medical Record*.

You will note in the statistics that in some cases no diagnosis is made. The explanation of this is that in many of the patients who come here the nature of the disease is so difficult and baffling that repeated observations are necessary before the diagnosis



can be reached with reasonable certainty. If for any reason the patient does not return or we do not obtain the supplementary examinations, no diagnosis is made.

There has been some inquiry in the past as to the reason for the number of cases discharged with the diagnosis of some mental disorder. This arises from the following: It is not within the scope of the Institute to assume custodial care of the insane, but at the same time, one of our chief purposes is to receive persons whose actions or physical condition may have led their friends or physicians to suspect some mental disturbance. We receive these patients for diagnosis, which sometimes can be made by physical tests and in others can only be made through observations by ourselves and by trained assistants, such observations covering several days or even weeks. In most of such cases the diagnosis is impossible without the patient being admitted to the Hospital. It is only after the period of observation or testing that we are able to state whether insanity exists or is impending. If it exists, the diagnosis of some form of insanity goes down on the records, although often enough the patient leaves the Hospital the day the diagnosis is made. When insanity is only impending, we have frequently proved that a few weeks' residence in the Hospital may avert what would otherwise be a serious mental disorder of months' duration or longer, which would require the commitment of the patient to some licensed institution. We believe, therefore, that by keeping such patients a few weeks in the Hospital we are often able to avert insanity. By doing this we are fulfilling one of the chief aims of our existence. To avoid even the appearance of conflict with the Lunacy Commission we have recommended that the Executive Committee apply for a special license for certain parts of the Hospital, by means of which we shall be authorized to study patients suspected of insanity, for a short time. If this application is granted, it will make no material difference in the appearance or administration of the Hospital.

The work of the Social Service Department conducted by Mr. Ellis has been extremely useful in determining the exact mental state of both clinic and hospital patients. This department is so important that we have recommended Mr. Ellis to report to you personally.



Since its foundation the Institute has met the needs of thousands of the working classes and of the indigent; it has provided for young physicians opportunities to study nervous diseases, such as have never before existed in this country; it has stood as an example for the inauguration of similar institutions in other cities. It has therefore not only relieved the unfortunate, but has been a material factor in education, in the most important branch of medicine which can influence the happiness of a community. It proved the need of its existence almost on the day its doors were opened for the first time; since then it has shown conclusively that its scope is not met by the present equipment. This was recognized by the writer of an editorial in the New York *Evening Post* of July 3, 1912, which is as follows:

“The New York *Medical Journal* has joined those who are making an appeal for a hospital for nervous diseases. Few will, we think, deny its statement that the 600 or 800 cases of nervous disorder distributed among the various general and municipal hospitals of this city do not receive the special attention they are entitled to, partly because the ordinary practitioner is not interested in these cases, and partly because the hospitals lack proper equipment. Again, the functional cases of nervous diseases, such as hysteria, neurasthenia, fatigue neuroses, etc., are practically denied hospital treatment altogether; and the *Medical Journal* affirms that the number of patients afflicted with nervous diseases, both organic and functional, who flock to the outdoor clinics is phenomenal. For the rich there are, of course, rest houses and private pavilions; they can go to sanatoria from the Hot Springs to Battle Creek. But for the poor who are on the verge of complete breakdown and are likely to become helpless wrecks unless treated in time, there is no place to which they can resort and be in the hands of specialists. The *Medical Journal* advises a hospital of several hundred beds, with an outdoor department, complete clinical, pathological and psychological laboratories, gymnasias, etc., together with a country department on the colony system. We do not overlook the work in this city of the Neurological Institute which has eighty beds. Its chief effect is to-day, however, to prove the need of a large hospital of this kind to which the poor may find their way. Here is a splendid opportunity for some philanthropist to supply a much needed development of our hospital system.”

These views agree in the main with those of your Medical Board. We further believe that once they become generally appreciated there will be little difficulty in providing for the continuance of the Institute on a much wider basis.

Respectfully submitted,

PEARCE BAILEY, M.D..

*Secretary of the Medical Board.*

# Number of Patients Admitted to the Hospital According to Services.

SERVICE	ADMITTED			TOTAL TREATED			DISCHARGED			RECOVERED AND IMPROVED			NOT IMPROVED			NOT TREATED			DIED			REMAINING IN HOUSE NOV. 30, 1912		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
1st Division....	350	316	666	331	304	635	338	298	636	248	221	469	97	90	187	19	12	31	5	5	10	12	18	30
2nd " ....	189	147	336	172	134	306	184	135	319	143	112	255	44	29	73	17	13	30	2	6	8	5	12	17
3rd " ....	217	159	376	182	154	336	209	150	359	128	106	234	85	50	135	33	7	40	4	3	7	8	9	17
Total.....	756	622	1,378	685	592	1,277	731	583	1,314	519	439	958	226	169	395	69	32	101	11	14	25	25	39	64

## Hospital Patients Classified According to Nationality.

RACE	Male	Female
Austria.....	26	34
Bohemia.....	6	1
Canadian.....	10	2
Denmark.....	1	...
England.....	17	17
France.....	5	5
Germany.....	70	63
Holland.....	4	...
Hungary.....	22	7
Ireland.....	46	59
Italy.....	44	10
Norway.....	2	2
Poland.....	4	...
Roumania.....	8	14
Russia.....	123	103
Scotland.....	2	8
Spain.....	9	2
Sweden.....	3	11
Turkey.....	2	1
United States.....	358	276
Wales.....	1	...
Total.....	763	615

### Number of New Patients in Dispensary.

	1ST DIVISION			2ND DIVISION			3RD DIVISION		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
December.....	42	41	83	56	68	124	45	44	89
January.....	53	56	109	40	36	76	46	38	84
February.....	53	48	101	41	51	92	36	46	82
March.....	47	55	102	48	35	83	39	42	81
April.....	64	65	129	59	51	110	58	52	110
May.....	49	78	127	57	49	106	53	48	101
June.....	56	72	128	52	47	99	44	39	83
July.....	68	66	134	44	68	112	56	58	114
August.....	66	87	153	67	47	114	53	44	97
September.....	56	73	129	42	43	85	49	47	96
October.....	63	76	139	49	56	105	53	64	117
November.....	51	63	114	79	61	140	52	65	117
Total.....	668	780	1,448	634	612	1,246	584	587	1,171

### Total Treatments.

	Hydrotherapy	Electrithrapy	Mechano- therapy	Massage	Baking	Total
December.....	615	642	204	554	163	2,178
January.....	673	627	90	505	104	1,999
February.....	567	642	95	514	117	1,935
March.....	796	813	107	632	138	2,486
April.....	861	754	88	600	208	2,511
May.....	866	674	190	641	216	2,587
June.....	902	727	174	638	212	2,653
July.....	580	578	182	427	219	1,986
August.....	694	686	151	496	229	2,256
September.....	682	717	74	487	173	2,133
October.....	713	863	94	465	193	2,328
November.....	884	905	84	510	223	2,606



## Hospital Department.

	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
Aphasia .....		1	1
Bones and joints and muscle diseases.....	31	32	63
Brain disease, miscellaneous.....	28	11	39
Hydrocephalus.			
Encephalitis.			
Cerebral arteriosclerosis.			
Developmental defects.			
Brain tumor .....	14	19	33
Cardio vascular system.....	29	20	49
Heart diseases.			
Arteriosclerosis, general.			
Angio neurotic group.			
Constitutional inferiority .....	10	11	21
Psychopathy.			
Backward children.			
Imbeciles and idiots.			
Stutterers and stammerers.			
Psychopaths.			
Chorea .....	6	15	21
Cranial nerves.			
Fifth nerve .....	1	2	3
Seventh nerve .....	1	2	3
Dementia præcox .....	21	26	47
Ductless gland diseases.....	4	14	18
Thyroid.			
Pituitary.			
Adrenals.			
Ovaries.			
Eye diseases .....	1	5	6
Epilepsia .....	44	33	77
Ear disease .....	4	6	10
General paresis .....	34	6	40
Headaches .....	8	17	25
Hemiplegias .....	8	6	14
Hysteria .....	14	38	52
Insomnia .....	0	0	0
Intoxications .....	30	12	42
Auto-intoxications.			
Lead.			
Drug.			
Alcoholism.			

	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
Medical diseases .....	38	36	74
Meningitis (non-syphilitic) .....	7	8	15
Muscular atrophies, dystrophies and myasthenias...	11	5	16
Multiple sclerosis .....	12	18	30
Neurasthenia group .....	30	53	83
Occupation disorders .....	5	3	8
Paralysis agitans .....	9	4	13
Paranoic conditions .....	2	4	6
Peripheral nerves .....	18	26	44
Brachial plexus distribution.			
Lumbar plexus distribution, sciatica, etc.			
Multiple neuritis.			
Poliomyelitis anterior acute.....	5	5	10
Psycho-neuroses .....	29	40	69
Undifferentiated.			
Anxiety neurosis.			
Compulsion neurosis.			
Post operative neurosis.			
Menopause neurosis.			
Tics.			
Psychasthenia.			
Traumatic neurosis.			
Psychosis .....	12	25	37
Simple depression.			
Involution melancholia.			
Simple psychosis.			
Infective-exhaustive toxic psychosis.			
Manic depressive insanity.....	4	19	23
Spinal cord diseases, miscellaneous.....	32	9	41
Meningo myelitis.			
Myelitis.			
Combined sclerosis.			
Lateral sclerosis.			
Syringo-myelia.			
Spinal cord tumor.....	10	3	13
Surgical diseases .....	1	5	6
Syphilis of the central nervous system.....	105	25	130
Tabes dorsalis .....	115	31	146
Tremors .....	4		4
Unclassified .....	26	20	46

## Report of Operations Performed.

Total number of operations.....	78
*Deaths .....	5
Craniotomies .....	22
exploratory with decompression.....	5
for subtemporal decompression.....	5
exploratory .....	3
for removal of cerebral tumor.....	2
for removal of cerebellar tumor.....	2
for puncture of corpus collosum.....	4
for gasserectomy .....	1
Laminectomies .....	24
for rhizotomy .....	2
for recent fracture of spine.....	1
for old fracture of spine.....	2
for tumor of spinal cord.....	4
for tumor of cauda equina.....	1
for arterio-venous aneurism.....	1
Aspiration of cyst.....	1
Exploratory .....	8
Secondary .....	4
Operations on nerves.....	18
Neurorrhaphy, musculo-spiral .....	1
Neurorrhaphy, 5th and 6th cervical (traumatic).....	1
Neurorrhaphy, brachial birth palsy.....	2
Neurolysis .....	1
Excision of the infra-orbital.....	1
Removal of foreign body from median nerve.....	1
Alcoholic injections for tic doloreux.....	8
Transposition forwards of right ulnar nerve.....	1
Division of 2d and 3d branches of fifth cranial.....	1
Division of posterior root of fifth cranial .....	1
Miscellaneous operations .....	14
Tenoplasty .....	2
Tenotomy .....	1
Thyroidectomy .....	2
Exploration of right kidney.....	1
Circumcision .....	3
Incision of gluteal abscess.....	1
Appendectomy .....	1
Castration .....	1
Open reduction of dislocation of index finger.....	1
Section from deltoid.....	1

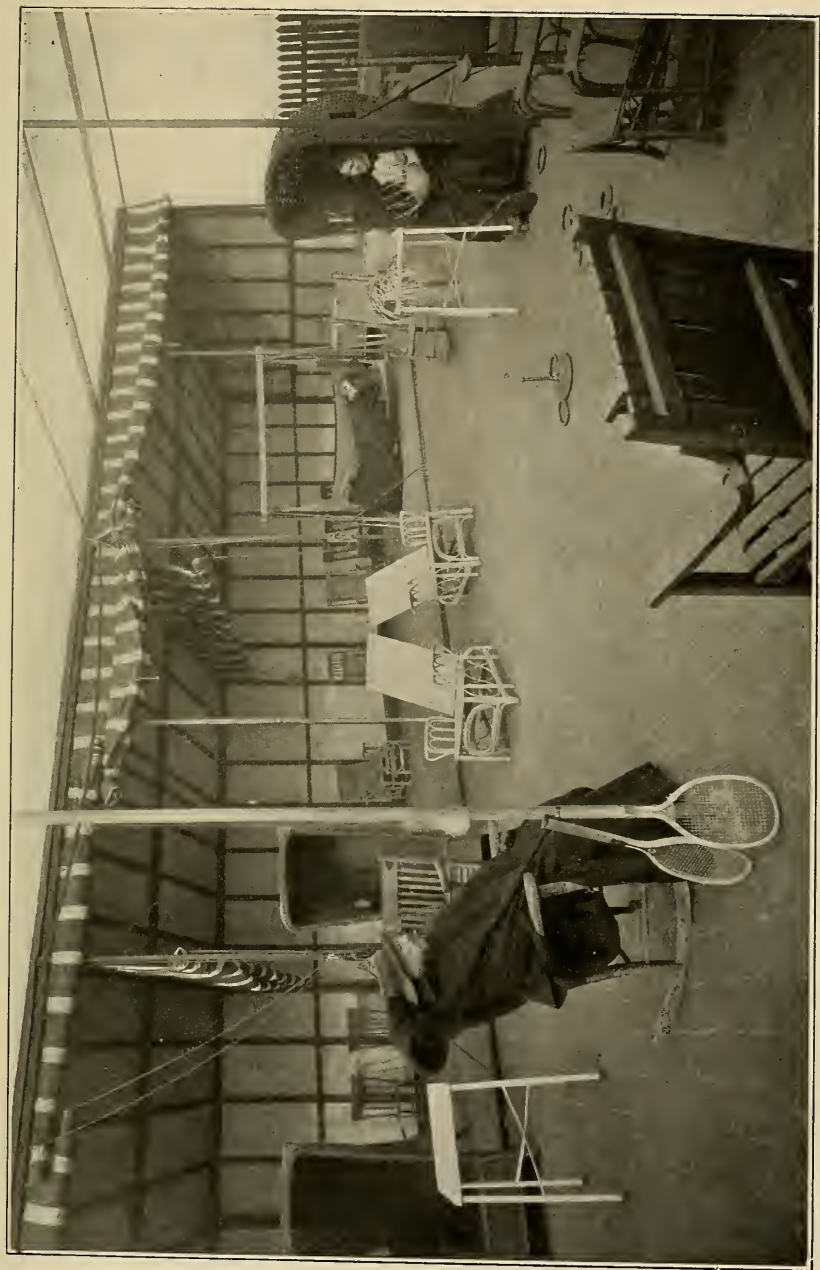
(These miscellaneous operations were done as incidents in the stay of neurological cases in the hospital.)

### \*Causes of Death—

- 1—Exploratory craniotomy for suspected frontal tumor. Death after 6 weeks from exhaustion.
- 2—Exploratory craniotomy for suspected cerebellar tumor. Death 4 weeks after operation in coma.
- 3—Decompressive craniotomy. Death after 24 days in coma.
- 4—Suboccipital craniotomy for tumor in cerebello-pontine angle. Death 3 days after second stage from sepsis.
- 5—Laminectomy—advancing cervical meningo-myelitis. Death after 4 days with medullary symptoms.

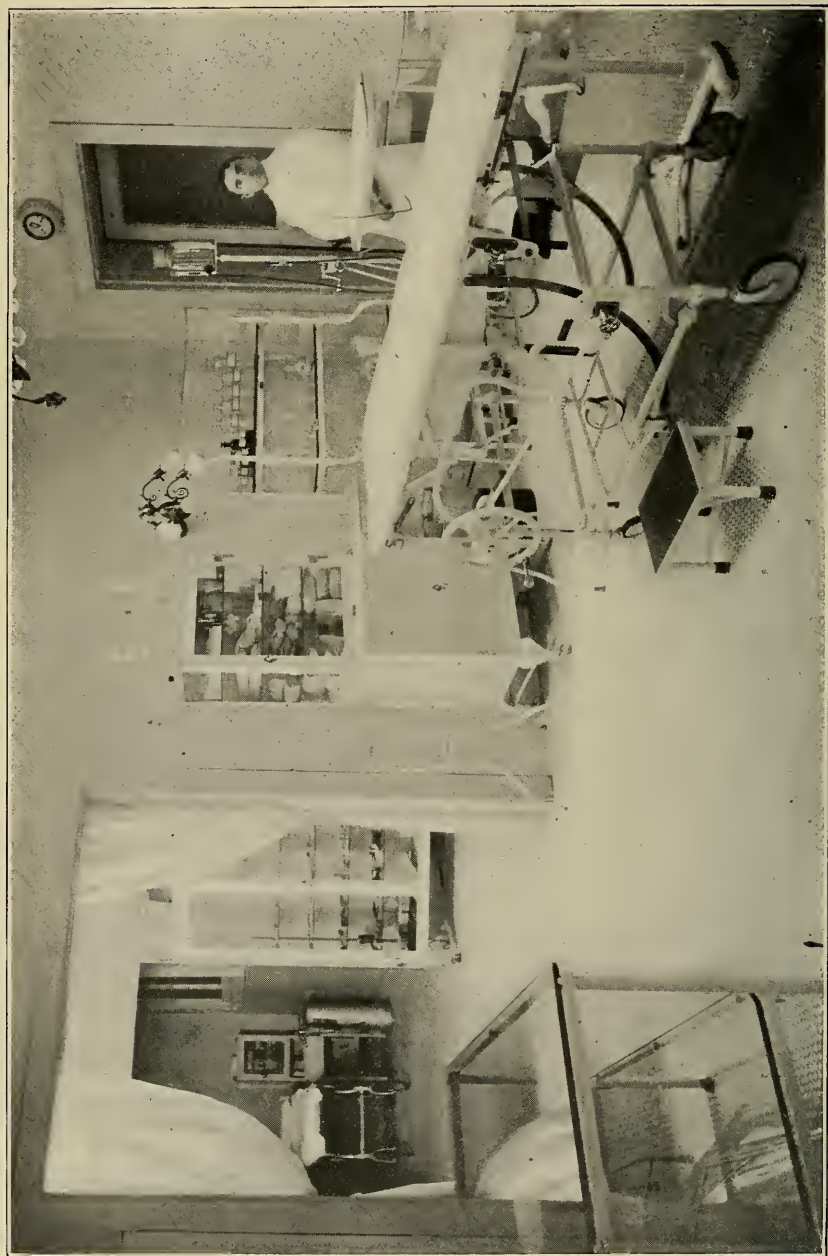
## Dispensary Department.

	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
Aphasia .....	2	0	2
Bones, joints and muscle diseases.....	257	263	520
Brain diseases, miscellaneous.....	35	37	72
Hydrocephalus.			
Encephalitis.			
Cerebral arteriosclerosis.			
Developmental defects.			
Brain tumor .....	14	10	24
Cardio vascular system.....	54	60	114
Heart diseases.			
Arteriosclerosis general.			
Angio-neurotic group.			
Constitutional inferiority and psychopathy.....	115	147	262
Backward children.			
Imbeciles and idiots.			
Stutterers and stammerers.			
Psychopaths.			
Chorea .....	67	70	137
Cranial nerves.			
Fifth nerve .....	13	17	30
Seventh nerve .....	20	26	46
Dementia præcox .....	34	37	71
Neurasthenia group .....	154	156	310
Occupation disorders .....	21	16	37
Paralysis agitans .....	24	11	35
Paranoic conditions .....	4	2	6
Peripheral nerves.			
Brachial plexus distribution.....	34	37	71
Lumbar plexus distribution, sciatica, etc.....	45	46	91
Multiple neuritis .....	38	34	72
Poliomyelitis anterior acute.....	41	47	88
Psycho-neuroses.			
Undifferentiated .....	32	37	69
Anxiety neuroses .....	9	10	19
Compulsion neuroses .....	14	17	31
Post-operative neuroses .....	2	4	6
Menopause neuroses .....	0	6	6
Tics .....	37	41	78
Psychæsthenia .....	36	42	78
Traumatic neurosis .....	6	5	11
Psychoses.			
Simple depression .....	5	18	23
Involution melancholia .....	1	14	15
Senile psychosis .....	3	3	6
Infective exhaustive-toxic psychosis.....	3	3	6
Manic depressive insanity.....	22	25	47



PORTION OF ROOF GARDEN





OPERATING ROOM



	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
Skin diseases .....	2	2	4
Spinal cord diseases, miscellaneous.....	24	19	43
Meningo-myelitis.			
Myelitis.			
Combined sclerosis.			
Lateral sclerosis.			
Syringo-myelia.			
Spinal cord tumor.....	6	4	10
Surgical diseases .....	40	42	82
Syphilis of central nervous system.....	28	22	50
Tabes dorsalis .....	51	39	90
Tremors .....	3	3	6
Unclassified .....	102	104	206
Vertigo .....	5	7	12

## SUPERINTENDENT'S REPORT.

*To the Trustees of the Neurological Institute of New York:*

Dear Sirs—For the purpose of comparison, the statistics for both the years 1911 and 1912 are given below:

### PATIENTS ADMITTED.

	1911.	1912.
Private—		
Male .....	136	240
Female .....	107	148
Ward—		
Male .....	446	493
Female .....	331	446
Free—		
Male .....	88	30
Female .....	55	21
Total male .....	670	763
Total female .....	493	615

### NUMBER OF PATIENT DAYS.

Private .....	4,246	6,760
Ward .....	19,856	21,475
Free .....	2,631	1,020
Total .....	26,733	29,255

### DISPENSARY PATIENTS.

Number of patients.....	3,557	3,865
Treatments given .....	26,782	27,658

# Operating Earnings for Two Years Each Ending November 30

	EARNINGS			OPERATING EXPENSES			DEFICIT		
	1910	1911	1912	1910	1911	1912	1910	1911	1912
December (1909)...	\$2,871.89	\$8,962.54	\$5,940.43	\$6,702.07	\$11,946.87	\$10,932.48	\$3,813.18	\$2,984.33	\$4,992.05
January.....	4,707.43	8,102.81	6,210.12	8,124.22	11,629.59	9,830.49	3,416.79	3,526.78	3,620.37
February.....	5,613.62	10,219.13	8,899.10	9,583.81	11,341.29	11,144.77	3,970.19	1,122.16	2,245.67
March.....	9,136.07	11,428.50	7,392.87	9,712.03	12,711.25	10,694.92	575.96	1,282.75	3,302.05
April.....	8,016.04	11,046.27	6,358.11	10,939.00	11,320.41	9,749.88	2,922.96	274.14	3,391.77
May.....	7,810.44	10,668.87	8,337.45	10,480.10	12,165.57	10,324.82	2,669.66	1,496.70	1,987.37
June.....	6,378.90	9,684.86	7,187.87	9,393.61	10,957.67	10,134.40	3,014.71	1,272.81	2,946.53
July.....	5,376.88	7,599.94	4,977.31	9,663.77	11,360.29	9,468.98	4,286.89	3,760.35	4,491.67
August.....	5,118.76	6,091.74	4,743.89	9,312.46	9,857.88	8,986.48	4,193.70	3,766.14	4,242.59
September.....	5,014.56	6,221.34	4,751.24	9,067.03	9,684.54	8,351.02	4,052.47	3,463.20	3,599.78
October.....	6,341.29	7,850.83	8,206.08	9,984.02	11,360.54	9,191.02	3,642.73	3,509.71	984.94
November.....	6,905.96	6,061.54	8,447.31	10,480.26	10,152.57	9,211.07	3,474.30	4,091.03	763.76
Total.....	\$73,291.84	\$103,938.37	\$81,451.78	\$113,442.38	\$134,488.47	\$118,020.33	\$40,150.54	\$30,550.10	\$36,568.55

### Comparative Cash Statement for Three Years, Ending November 30, 1912

[illegible]

### Nationalities.

Austria .....	324	Norway .....	5
Belgium .....	5	Poland .....	21
Bohemia .....	21	Roumania .....	115
Canada .....	25	Russia .....	1,229
Denmark .....	6	Switzerland .....	4
England .....	75	Scotland .....	15
France .....	19	Sweden .....	30
Germany .....	210	Spain .....	5
Greece .....	5	Turkey .....	10
Holland .....	7	United States.....	1,310
Hungary .....	120	West Indies.....	7
Ireland .....	160	South America.....	2
Italy .....	135		

All departments of the Hospital are taxed to their utmost capacity by the increased number of patients admitted in 1912 to both dispensary and hospital. To maintain the present standard of efficiency in the therapeutic and housekeeping departments, larger quarters are urgently needed.

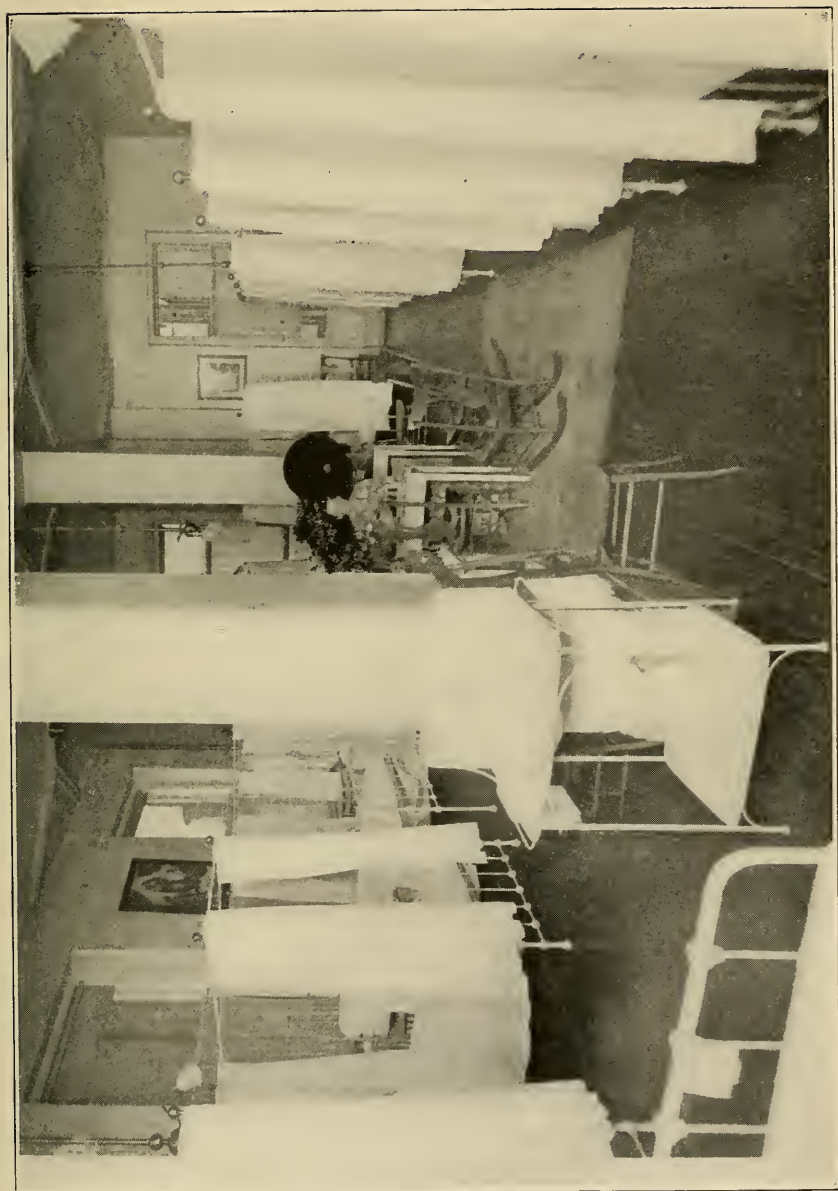
The work in the occupation department shows the need of more room for a large loom and for improving the facilities for carpentry.

The Institute is indebted to the retiring Superintendent, Mr. Alexander H. Candlish, for the organization which he established, and for his courtesy in facilitating the work of his successor.

The interest and co-operation of the Board of Trustees the Medical Board and Directors of all departments of the hospital, have been much appreciated by the Superintendent.

Respectfully submitted,

AMY M. HILLIARD,  
*Superintendent.*



WOMEN'S WARD







## REPORT OF SUPERVISOR OF NURSES.

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*To the Trustees of the Neurological Institute of New York.*

*Dear Sirs*—The special post-graduate course for the study and practice of nursing in nervous diseases has been continued during the past year. The schedule has been changed to allow more time for class work. The following course of instruction covers a period of six months and is given twice each year:

### CLASS WORK—

Psychology .....	Frederick W. Ellis
Occupation .....	Mertice MacC. Buck
Laboratory Analysis.....	David M. Kaplan, M.D.
Hydrotherapy .....	Helen O'Brien
Mechanotherapy .....	Charles Nelson
Electrotherapy .....	Archibald T. Evans, M.D.
Re-education in Locomotor Ataxia..	N. Niederee
Anatomy and Physiology.....	Amy M. Hilliard, R.N.

### LECTURES—

Nursing in Nervous Diseases.....	Pearce Bailey, M.D.
Nursing in States of Excitement...	Thaddeus Ames, M.D.
Nursing in Drug and Alcohol Cases.	Thaddeus Ames, M.D.
Nursing in Diseases of Spinal Cord.	Robert Armour, M.D.
Nursing in Brain Diseases.....	R. Foster Kennedy, M.D.
Observation, Differentiation and Immediate Treatment of Fits....	R. Foster Kennedy, M.D.
Nursing in States of Depression...	Louis Casamajor, M.D.
Nursing in States of Dementia....	Louis Casamajor, M.D.
Emergency Care of the Insane....	C. Yates Ford, M.D.
Surgical Nursing in Nervous Diseases .....	Chas. A. Elsberg, M.D.
Hydrotherapy .....	Amy M. Hilliard, R.N.

During the past year we have received 200 letters of inquiry in regard to the course. Of this number 44 were allowed to enter and 16 graduated; 9 are still in training. Several of the nurses who are graduates of the above course have been retained on the hospital staff. Others have accepted positions in the

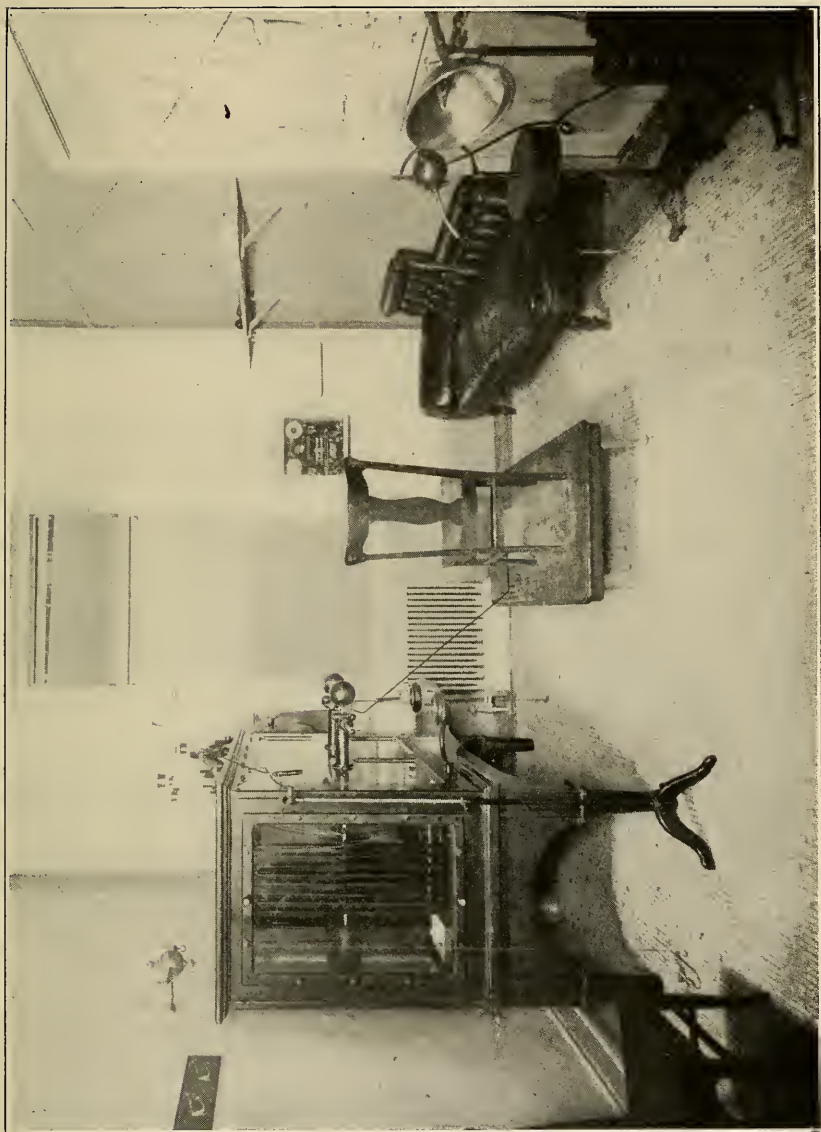
hospitals from which they were graduated, and a few have remained in New York City to do private nursing.

We are very much indebted to the physicians and surgeons for their assistance in teaching and their care of those nurses who have been sick during the past year.

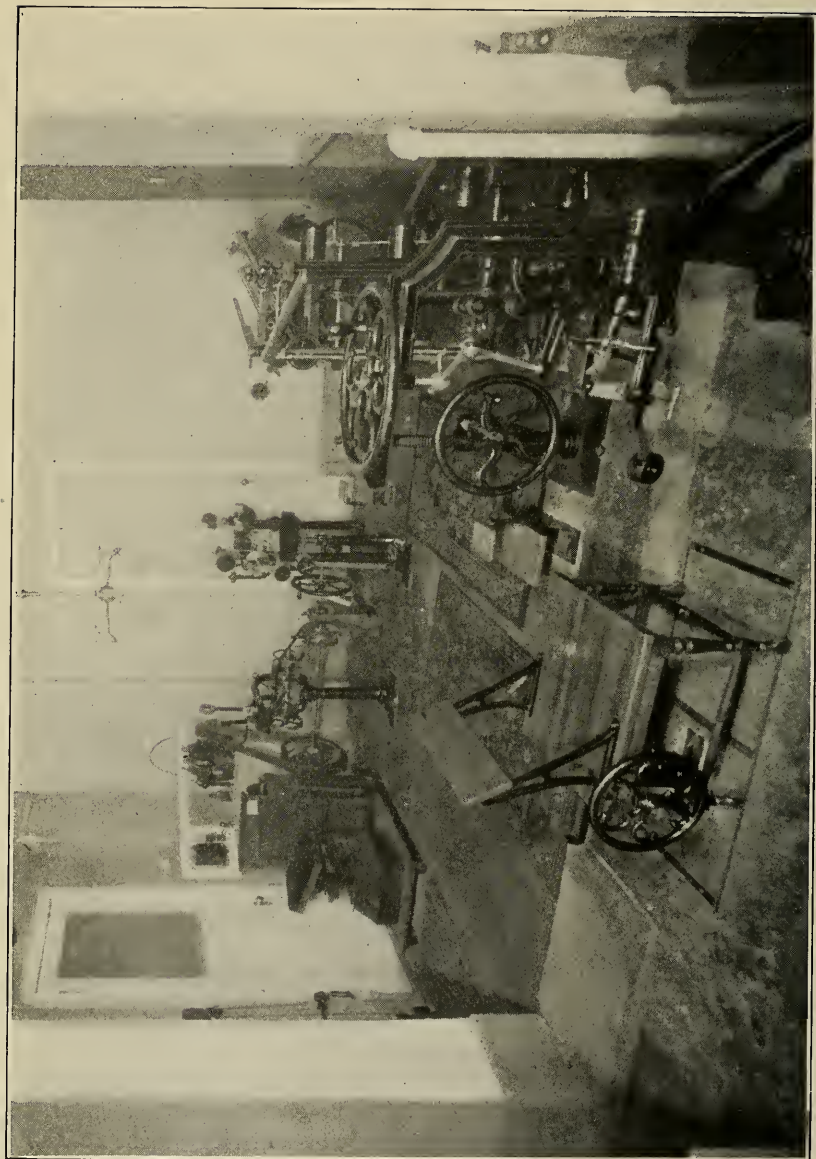
Respectfully submitted,

A. M. HILLIARD, R. N.,

*Supervisor of Nurses.*



ELECTRO-THERAPEUTIC ROOM



ZANDER MECHANICAL APPARATUS

## REPORT OF TEACHER OF OCCUPATION WORK.

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*To the Trustees of the Neurological Institute of New York:*

*Dear Sirs*—The investigations of the past year show that vigorous occupation work requiring the use of the large muscles rather than of the small ones is better than fine work; thus, running the printing press, making large reed baskets, chair caning and carpentry are beneficial to more patients than drawing or needle work. Typesetting and printing have aroused great interest and have proved most practical for group work. Much of the dispensary printing, such as cards, prescription blanks, epileptic diet sheets, etc., has been set up and printed by our patients. The interest in simple book binding—an occupation which has been recently started—makes it seem wise to use these two occupations as adjuncts to each other. Occupations in which several patients can share create cheerfulness and make for a work-room rather than a hospital atmosphere. Knitting, basketry and other individual occupations have been interesting, especially to patients who must work alone. Such patients have frequently expressed gratitude for the aid of the post-graduate nurses who have put their own lessons to account in teaching them between the lessons of the regular instructor.

During the Summer there were in the Hospital several children who had lost the use of one hand from illness or injury. Sometimes the disability was partly volitional, and in nearly every case occupations requiring the use of both hands were tried with good results.

Other special cases, sometimes out-patients, were taught with a view to finding out what lines of vocational work might be suitable for them to take up later; generally these were patients handicapped by accident or disease, who were compelled to learn a new means of earning a livelihood after leaving the hospital.

One of the most interesting features of the occupation work has been the post-graduate nurses' class. This has been inter-



esting to the nurses while here taking the course, and of practical value to them later, as evidenced by letters received by the occupation instructor.

#### SUMMARY OF WORK DONE BY PATIENTS.

Total attendance for the year 1912.....	462
Pieces of work completed (not including printing).....	548
Highest attendance, October.....	63

The various forms of work done was as follows:

Basketry .....	141 pieces work, baskets, etc.
Crocheting and knitting.....	34 pieces work, shawls, etc.
Sewing .....	20 pieces work, aprons, etc.
Embroidery .....	35 pieces work, pillow tops, etc.
Carpentry .....	14 pieces work, boxes, etc.
Chairs reseated.....	6 pieces work.
Typesetting .....	9 pieces work.
Bookbinding .....	34 pieces, folios for filing.

The remainder of the 548 finished pieces, consisted of examples of weaving, drawing, printing, millinery, etc. Patients have been allowed to take their completed work home, and this has stimulated interest in the occupation department.

MERTICE MAC C. BUCK.



## REPORT OF THE SOCIAL SERVICE WORKER.

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*To the Trustees of the Neurological Institute of New York:*

*Dear Sirs*—The time covered by this report is from March 15 to November 30, 1912.

The employment of a social service worker in March of the present year has made it possible for any member of the general staff, in especially difficult or important cases, to have the assistance of some one who is free to give more time and attention to the personal needs of patients than is at the disposal of the busy practitioner or administrator.

The fundamental idea of the social service work is that many cases call for more intensive study and more extensive treatment than is possible during ordinary consultations.

In following out this principle possibly the greater effort has been put this year into intensive study of the situation; but this has been mainly due to the nature of the requests for assistance, and to the desire to lay a solid foundation for the establishment of a thoroughly organized social service department later.

Requests for assistance during the eight and one-half months can be classified as follows:

For counsel in meeting individual and social problems..	65
For instruction about mental and physical health.....	60
For adjustment in consequence of mental backwardness..	250
For direction on account of moral retardation.....	50
Total of requests.....	425

Many of these persons have been in frequent consultation with the social service worker; the new cases average over two a day, and interviews average about ten a day.

The most tangible results secured have been in aiding physicians in obtaining more exact and extended information about the personal history and antecedents of patients, and in securing better conditions for treatment through proper agencies; in helping persons, who have become isolated or self-centered in the course of their struggle with nervous conditions to make a new adjustment of their habits and activities; in advising with

parents and teachers about the exact nature of the temporary or more permanent forms of backwardness among school children; and in assisting parents, teachers and institutions in dealing with forms of moral and social delinquency which arise through ill-health of body or mind, or both.

The social service work has been very much advantaged through the amount and quality of aid it has received from students and volunteer workers, and especial acknowledgment for this is due to Miss E. Helen Hannahs, Miss Annie F. Wilson, Miss Mertice M. C. Buck, Miss L. H. Rainey, Miss Lola French, and to the stenographer, Mrs. E. C. Smith.

A list of contributors to the support of this work is added elsewhere, with grateful acknowledgment of their interest.

The social service worker wishes, in closing this brief report, to record the great pleasure he has found in his efforts to help in working out this problem at the Neurological Institute, and his appreciation of the courtesy and help received from the clinical staff, without whose co-operation very little could be accomplished.

Respectfully submitted,  
FREDERICK W. ELLIS.

## DONATIONS.

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Donations were received during the year ending November 30, 1912, from the following:

G. M. Allen	W. H. Goadby
Mrs. W. A. Andrews	Mary H. Goffe
Edgar G. Anthony	Vincent Golding
Mrs. W. E. Bailey	I. Goldberg
Allan C. Bakeman	Mrs. Henry Goldman
G. W. Bacon	Grace Church
Chas. R. Bangs	Mrs. H. F. Grant
Henry Batjer	Mrs. H. Winthrop Gray
Mrs. Eliz. Bedingfield	Daniel Guggenheim
Abraham Beller	Murry Guggenheim
Miss Rosie Bernheimer	J. Horace Harding
G. W. Black	Chas. W. Harkness
Chas. N. Black	Mrs. C. W. Harkness
Mrs. W. H. Bliss	G. G. Haven, Jr.
W. H. Bliss	Julius Heckman
Michel Bouvier	F. Hermann
J. M. Bowers	Mrs. E. A. Hoffman
M. J. Breitenbach	Mrs. Amory G. Hodges
A. N. Burbank	Edward C. Hoyt
Mrs. J. C. Burns	Hyde Copper
Ernest T. Carter	Adrian Iselin
Henry Phelps Case	Adrian Iselin, Jr.
Eleanor J. Chapman	Mrs. C. Oliver Iselin
Mrs. Campbell Clark	H. H. Jacobson
Com. Mas. School Day Nur.	Arthur Curtis James
Ceasar Cone	Dr. Walter B. James
Mrs. Chas. H. Coster	Joseph S. Josephs
Mrs. Max Dansinger	Otto H. Kahn
Miss Laura Day	Mrs. O. H. Kahn
Kate R. de Forest	M. A. Keefer
Jos. Dilworth	Miss M. A. Keefer
Mrs. Seville Doudge	H. K. Knapp
Mrs. W. P. Douglas	K. S. Kursheedt
James Douglas	Walter G. Ladd
Mrs. John R. Drexel	Edmund J. Levine
James May Duane	E. B. Levy
Marco Fleischman	Cora L. Magnus
Fred'k Frelinghuysen	Max W. Mayer
G. G. Frelinghuysen	Mrs. John J. Mitchell
John W. Frothingham	Wm. Fellowes Morgan
Robbins Gilman	Marcus A. Myers

Alfred Nathan  
Max Nathan  
Mrs. Max Nathan  
Mrs. Chas. Neave  
New York Foundation  
Fred B. Oppor  
Mrs. Wheeler Peckham  
R. P. Perkins  
W. W. Porter  
John J. Riker  
Harry Rossenwasser  
Thomas F. Ryan  
D. W. Salisbury  
Wm. Salomon  
Sat. & Sun. Hos. Assn.  
Charles Scribner  
Arnold Seligman  
Henry Seligman  
Mrs. I. W. Seligman  
F. Simon  
Marshall P. Slade

Geo. W. Spitzuer  
Dr. Louis Starr  
Charles Steele  
Richard Stevens  
Mrs. S. S. Strickland  
W. V. S. Thorne  
Mrs. Gunz  
Mrs. Wm. K. Vanderbilt  
J. Van Raalte  
Paul M. Warburg  
Artemus Ward  
H. de F. Weekes  
Harrison Williams  
R. H. Williams  
Francis A. Wilson  
Mrs. F. A. Wilson  
F. A. Wise  
S. Herbert Wolfe  
Lewis S. Wolff  
Mrs. L. S. Wolff  
Mrs. S. Wolff

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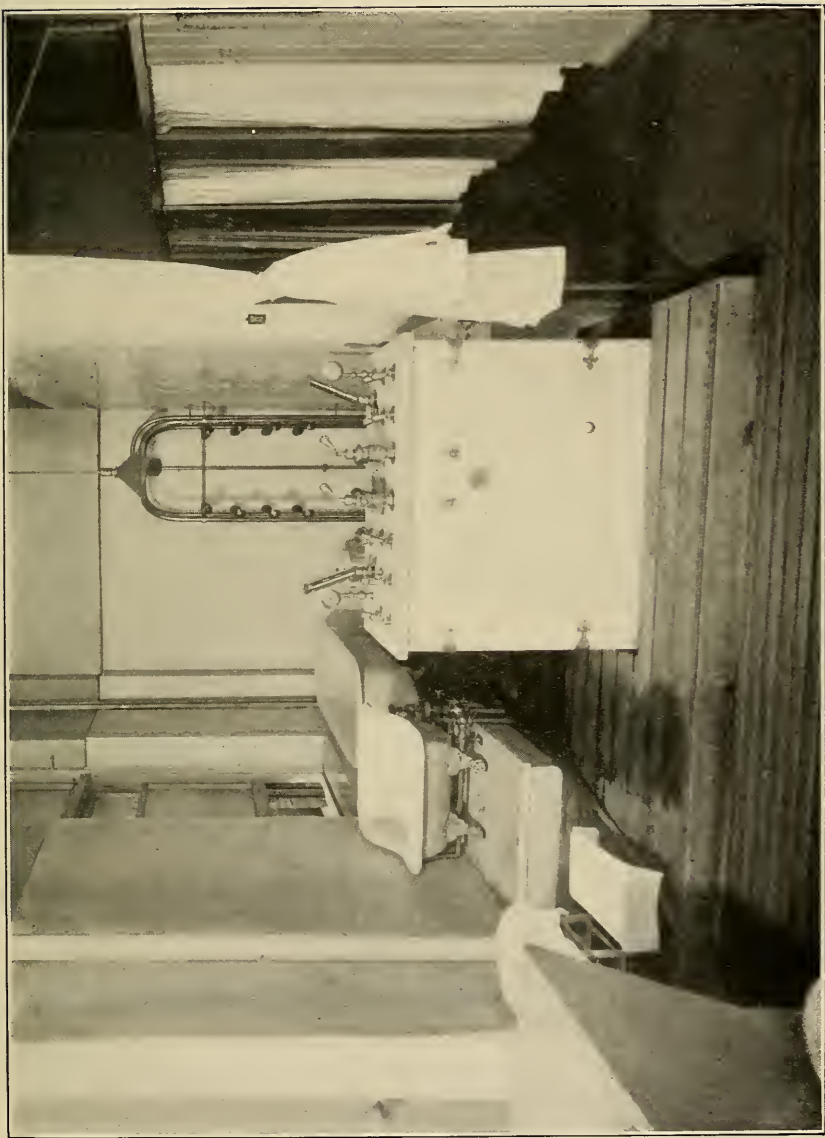
During the year the Institute also received books, hardwood carpentry, carpet sweeper, dolls, weaving loom, Christmas greens, apples, jelly, clothing, candy and book-rack, from the following.

Mrs. Calderwood, Mrs. Otto H. Kahn, Mrs. Amory Hodges, Mrs. R. Hirsch, Mrs. Deady, Miss Henken, Mrs. Walter G. Ladd, Robert P. Perkins, Mr. Samuel Hunter, Dr. Charles Elsberg, Mr. Amory Hodges.

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Contributions were made in connection with the Social Service Work by the following:

Mrs. W. H. Andrews, Mrs. Elizabeth Bedingfield, Mrs. S. B. Doudge, Mrs. Mary H. Goffe, Mr. Vincent Golding, Mrs. Gunz, Mrs. A. C. James, Miss M. A. Keffer, Mrs. Cora L. Magnus, Mrs. A. M. Smith, Mr. S. S. Stricker, Miss Annie F. Wilson, Mr. Francis A. Wilson.



HYDRO-THERAPEUTIC ROOM





DISPENSARY RECEPTION ROOM









### **Form of Bequest**

I give and bequeath to the NEUROLOGICAL INSTITUTE OF NEW YORK, a corporation created in the year 1909, under the Law of the State of New York, or to the Treasurer thereof for the time being, for its corporate purposes, the sum of ..... dollars.

---

### **Form of Devise of Real Estate**

I give and devise to the NEUROLOGICAL INSTITUTE OF NEW YORK, a corporation created in the year 1909, under the Laws of the State of New York, for its corporate purposes, all that, etc (Here describe the property.)

FILE COPY  
NOT TO BE TAKEN  
FROM ROOM  
HARRISON WILLIAMS

MS COLLECTION

**FOURTH ANNUAL REPORT**

**OF**

**THE NEUROLOGICAL  
INSTITUTE**

**OF**

**NEW YORK**

**FOR THE YEAR ENDING  
NOVEMBER 30, 1913**

**NEW YORK CITY  
149-151 EAST 67TH STREET**













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OF  
THE NEUROLOGICAL  
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FOR THE YEAR ENDING  
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**THE NEUROLOGICAL INSTITUTE  
OF NEW YORK**

For the Study and Treatment of Nervous and  
Mental Diseases

Incorporated 1909



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## OFFICERS AND TRUSTEES

RICHARD H. WILLIAMS,

*President.*

HARRISON WILLIAMS,

*Treasurer.*

SHERMAN DAY,

*Secretary.*

---

## EXECUTIVE COMMITTEE.

ROBERT P. PERKINS,

*Chairman.*

AMORY G. HODGES,

WALTER G. LADD,

FRANK L. POLK,

ISAAC TOWNSEND,

HARRISON WILLIAMS,

RICHARD H. WILLIAMS.

---

## TRUSTEES.

WILLIAM H. BLISS,

CHARLES L. DANA, M.D.

SHERMAN DAY,

AMORY G. HODGES,

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WALTER G. LADD,

CLARENCE B. MITCHELL,

ROBERT P. PERKINS,

FRANK L. POLK,

THOMAS F. RYAN,

CHARLES SCRIBNER,

CHARLES STEELE,

ISAAC TOWNSEND,

HARRISON WILLIAMS,

RICHARD H. WILLIAMS.

For the Year Ending November 13, 1913

## MEDICAL BOARD.

JOSEPH COLLINS, M.D., 1st Division.  
FREDERICK PETERSON, M.D., 2d Division.  
PEARCE BAILEY, M.D., 3d Division.

---

## CONSULTANTS.

### Neurologist.

CHARLES L. DANA, M.D.

### Alienist.

WILLIAM MABON, M.D.

### Physicians.

\*FRANCIS P. KINNICUTT, M.D.                      WALTER B. JAMES, M.D.  
VAN HORNE NORRIE, M.D.

### Surgeons.

\*FRANK HARTLEY, M.D.                      ROBERT ABBE, M.D.

### Gynecologists.

J. CLIFTON EDGAR, M.D.                      JAMES W. MARKOE, M.D.

### Dermatologist.

JOHN A. FORDYCE, M.D.

### Orthopedic Surgeon.

VIRGIL P. GIBNEY, M.D.

### Laryngologist and Rhinologist.

WILLIAM LEDLIE CULBERT, M.D.

### Otologist.

EDWARD BRADFORD DENCH, M.D.

### Ophthalmologist.

WARD A. HOLDEN, M.D.

### Surgeon.

CHARLES A. ELSBERG, M.D.

### Associate Surgeon.

ALFRED S. TAYLOR, M.D.

Director of Clinical and Research Laboratory.

DAVID M. KAPLAN, M.D.

Director of Histological and Neurological Laboratory.

EDWIN G. ZABRISKIE, M.D.

\*Deceased.

For the Year Ending November 13, 1913

Assistants to Surgeons.

WILLIAM SHARPE, M.D.                      HAROLD NEUHOF, M.D.  
JAMES H. KENYON, M.D.

Chiefs of Clinic.

1st Division:                      2d Division:  
C. BURNS CRAIG, M.D.                      R. FOSTER KENNEDY, M.D.

3d Division:

LOUIS CASAMAJOR, M.D.

Resident Physicians.

1st Division:                      2d Division:  
WILLIAM O. GLIDDON, M.D.                      JUNIUS W. STEPHENSON, M.D.

3d Division:

MEADE C. EDMUNDS, M.D.

Resident Interne.

N. PHILIP NORMAN, M.D.

Roentgenographer.

ARCHIBALD P. EVANS, M.D.

Assistant Physicians, Outdoor Department.

1st Division:	2d Division:
MERRITT W. BARNUM, M.D.	LOUIS BISCH, M.D.
C. YATES FORD, M.D.	G. F. BOEHME, M.D.
JAMES L. JOUGHIN, M.D.	RICHARD H. HOFFMAN, M.D.
HENRY K. MARKS, M.D.	ROBERT E. POU, M.D.
EDWIN G. ZABRISKIE, M.D.	NORMAN SHARPE, M.D.

3d Division:

THADDEUS H. AMES, M.D.  
RANDALL HOYT, M.D.  
HANSON G. OGILVIE, M.D.  
WALTER TIMME, M.D.

Director of Social Research.

MR. FREDERICK W. ELLIS.

Directors of Therapeutic Departments.

Hydrotherapy.

MISS HELEN O'BRIEN.                      MR. ARTHUR BROTSCHNEIDER.

Massage and Mechanotherapy.

MR. CHARLES NELSON.

Gymnastics.

MR. THEODORE MELANDER.

**For the Year Ending November 13, 1913**

**Superintendent and Supervisor of Nurses.**

AMY M. HILLIARD, R.N.

**Assistant Superintendent.**

M. GERTRUDE DWYER, R.N.

**Cashier.**

EDWARD A. POWERS.

**Housekeeper.**

ARVILLA VAN ZANDT.

**Night Supervisor.**

FLORENCE E. PAGE, R.N.

**Dispensary Supervisor.**

OPHELIA H. BROWN, R.N.

**Private Floors.**

AGNES J. STARK, R.N.

**Women's Wards.**

JOAN QUINN.

**Men's Wards.**

SUSAN W. TAYLOR, R.N.

## REPORT OF THE EXECUTIVE COMMITTEE.

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*To the Trustees of the Neurological Institute of New York:*

*Dear Sirs*—The fourth fiscal year of the Neurological Institute has demonstrated that which each of its predecessors did, viz., that the need of a hospital for the study and treatment of nervous and mental diseases is an absolute necessity in this great and growing city; it is needed for the sick who are striving to get well; it is needed for the well that they may remain well, and it is needed by the medical profession that they may learn there the latest word in the important branch of medicine known as Neurology. This is not an institution for the care and treatment of the insane, but its continuance and existence is demanded for the benefit of those who are, and may be nervously broken down. We are sure that its adequate endowment only waits a full appreciation of the work that it has done and the work that it can do once it is put on a firm and permanent financial foundation. Our building is not only too small, but poorly adapted for our purposes. The facilities for caring for the great number of patients that we do care for, are inadequate beyond description, and we work under the most unfavorable conditions. Notwithstanding these adverse conditions, we have been able to reduce the cost of food per capita from .51 per day in 1912 to .39 per day in 1913. From the Superintendent's report we find that 1819 patients were admitted in 1913 against 1378 in 1912; the number of patient days in 1913 was 32,854, compared with 29,255 in 1912. In the Dispensary Department 4253 were admitted, as against 3865 in 1912, and the treatments given were 29,954 in 1913, as compared with 27,658 in 1912.

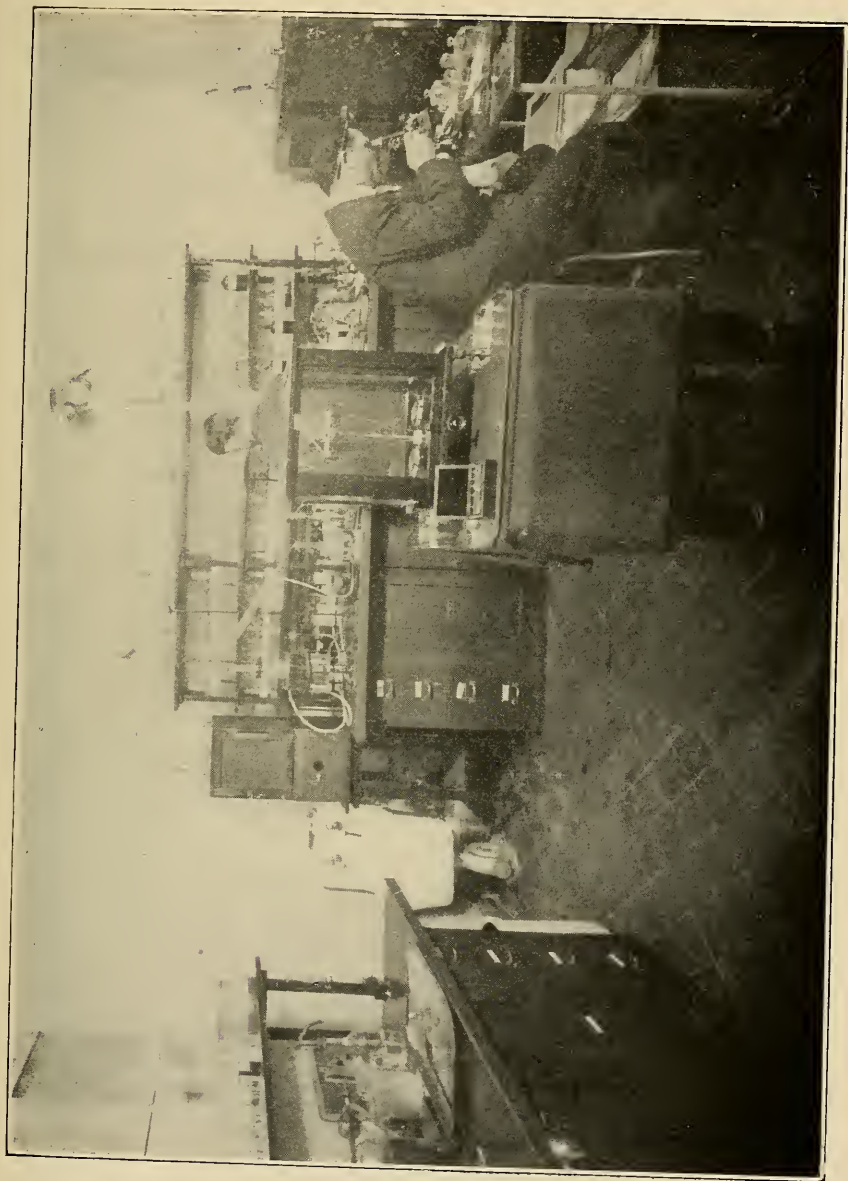
We must not only increase our capacity to care for patients in the wards and in the out-door department, but we must extend our labors to the environment of the home. Will this not appeal? We hope it will.

Respectfully submitted,

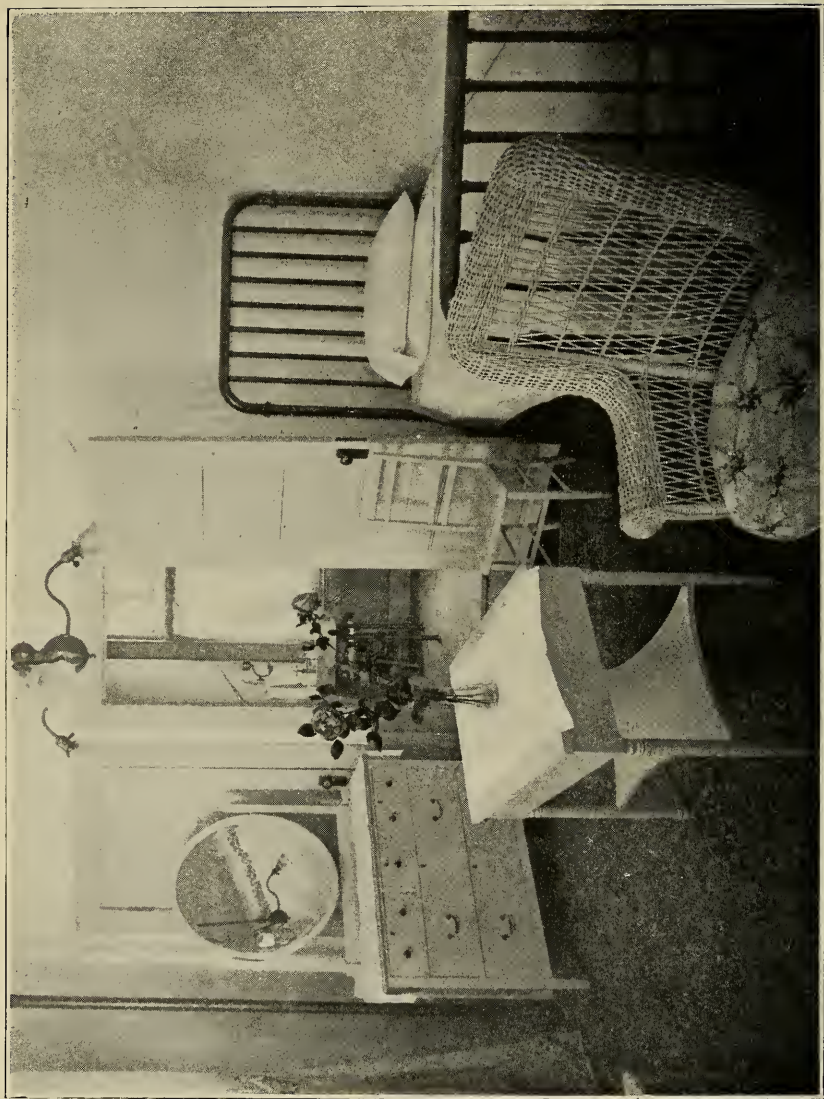
R. P. PERKINS,

*Chairman, Executive Committee.*





LABORATORY



PRIVATE ROOM WITH BATH

## REPORT OF THE MEDICAL BOARD.

*To the Trustees of the Neurological Institute of New York:*

*Gentlemen*—The Medical Board has little to say which was not embodied in its last report. The effectiveness and scope of the Institute are shown in statistics submitted herewith.

It is interesting to note that, with the increase in the work done in the Institute, there has been a decrease in the per capita cost, which is an evidence of effective administration and also an indication, which we have always believed, that a larger institution could be run still more economically.

The increase in the number of patients treated in both dispensary and hospital is quite material, there having been nearly 500 more patients admitted to the hospital than during last year, and nearly 600 more patients admitted to the dispensary than last year, with 3600 more patient days than we had in 1912, and 2300 more treatments given than in 1912. The number of treatments given was quite remarkable, the past year's total being nearly 30,000 individual treatments in the dispensary alone, the order of popularity of which has been, electrotherapy, hydrotherapy, and massage. Mechanotherapy, or the mechanical exercises which are obtained by machines with the individual efforts of the patients, or by machine actuated by power, has been the least popular of all.

In preceding reports, mention has been made of the good effects of the hospital treatment of those merely threatened with some mental disorder. All of the Medical Board can testify to the continuance of these beneficial effects, and feel that the hospital, if it did nothing else, has justified its existence by the good it has done in this way. It has frequently obviated the development of insanity, and enabled individuals so threatened, to return to their work after a brief period, instead of being condemned to a long time of mental disturbance.

In two other diseases also, the benefits of the particular equipment and methods of this hospital have been especially

evident, viz., chorea and polio-myelitis, and we recommend that more cases of this character be sent to us. Chorea, or St. Vitus' Dance, affecting children chiefly, is particularly well handled by the methods of isolation and quiet—methods with which all our staff are very familiar. The after-treatment of polio-myelitis by the use of massage and electricity, accomplishes wonders in the prevention of permanent paralysis, and is a form of treatment notoriously neglected in the general hospitals.

We continue to feel that our organization is particularly well qualified to get at the causes of nervous diseases in individual cases. We have ready at hand nearly all the methods essential for the diagnosis of diseases of the nervous system, and trained assistants to put these methods into use. Dr. Evans has also very kindly taken many X-rays for us this year, which has obviated to a great degree the expense and inconvenience of sending patients away from the hospital for roentgenographs.

We desire particularly to call attention to the report of operations performed from December 1, 1912, to November 30, 1913.

The skull was opened thirty times for various diseases with the extremely low mortality of four deaths. When one considers the desperate nature of the affections of the brain which require the opening of the skull the fact that death only followed these operations in four cases is quite a remarkable showing. Still more gratifying are the statistics regarding laminectomies, or openings of the spine. Until a few years ago this operation was considered one of the most hazardous in surgery, but under the improved technique which has reached a very high degree of perfection in this hospital, this operation can be done with trifling risk, provided the disease for which it is done is not in itself an immediate menace to life. This is a particularly important achievement in view of the fact that greater success attends the operations for spinal conditions than for conditions in the brain.

Our work has been characterized by smoothness and harmony and evidences of long-established routine. As stated last year, we have practically reached the limit of what we can do in our present quarters and the question again confronts us, whether we shall stay as we are, an effective hospital for the reception and treatment of nervous diseases, or whether every



trustee and medical man associated with us shall now make determined efforts so to inspire the work that the cure of individuals will be only one feature of its usefulness. To care for the sick is charity, but to learn how to prevent sickness is the object of economic philanthropy. This is recognized all over the world, as regards biological research, which concerns itself with the material causes of disease and endeavors to check them at the start. The Neurological Institute should have the same purpose. It should be its aim to discover the causes of nervous and mental diseases, to suggest remedies which will affect the race as well as the individual, and to disseminate such knowledge. To attain this goal, part of the working force must be directed to pure science, which would demand an equipment far different from what we have at present. Such an institute, to which physicians and all concerned with education and public health would naturally turn, as they turn now in the matter of infectious diseases to the Rockefeller Institute, would be an incalculable benefit to this community.

The report for the Department of Social Research has been made fuller than usual this year, in order that you may see in detail the character and importance of this line of work.

Respectfully submitted,

PEARCE BAILEY,

*Secretary of the Medical Board.*

# Number of Patients Admitted to the Hospital According to Services

SERVICE	ADMITTED			TOTAL TREATED			DISCHARGED			RECOVERED OR IMPROVED			NOT IMPROVED			NOT TREATED			DIED			REMAINING IN HOUSE NOV. 30, 1913		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
1st Div.....	459	333	792	415	282	697	461	305	766	320	212	532	86	53	139	50	45	95	3	3	6	11	15	26
2nd Div.....	362	203	565	267	157	424	349	192	541	241	126	367	13	20	33	95	46	141	4	3	7	12	12	24
3rd Div.....	279	183	462	211	146	357	272	173	445	183	112	295	21	24	45	68	39	105	8	3	11	7	10	17
Total....	1,100	719	1,819	893	585	1,478	1,082	670	1,752	744	450	1,194	120	97	217	213	130	341	15	9	24	30	37	67



### Number of New Patients in Dispensary.

	1ST DIVISION			2ND DIVISION			3RD DIVISION		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
December.....	75	47	122	49	39	88	45	34	79
January.....	69	77	146	50	56	106	60	56	116
February.....	55	56	111	45	43	88	50	37	87
March.....	84	83	167	79	41	120	37	57	94
April.....	79	62	141	57	57	114	72	63	135
May.....	80	95	175	78	65	143	53	48	101
June.....	86	93	179	57	59	116	63	44	107
July.....	69	66	135	57	55	112	56	49	105
August.....	60	64	124	70	59	129	57	42	99
September.....	61	59	120	43	55	98	46	59	105
October.....	80	57	137	51	58	109	51	70	121
November.....	50	61	111	59	66	125	41	47	88
Total.....	848	820	1,668	695	653	1,348	631	606	1,237

### Total Treatments.

	Hydrotherapy	Electrotherapy	Mechano-therapy	Massage	Baking	Total
December.....	618	949	200	558	164	2,489
January.....	823	1,025	105	525	112	2,590
February.....	646	895	56	302	123	2,022
March.....	679	1,030	98	557	100	2,464
April.....	768	740	96	550	189	2,343
May.....	791	1,065	150	626	210	2,842
June.....	852	902	124	618	204	2,700
July.....	838	842	185	477	226	2,568
August.....	751	714	156	515	220	2,356
September.....	807	852	159	577	178	2,573
October.....	782	833	114	502	178	2,409
November.....	834	836	111	581	236	2,598
Total.....	9,189	10,683	1,554	6,388	2,140	29,954

## Hospital Statistics.

	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
Bone, joint and muscle diseases.....	23	17	40
Brain diseases, miscellaneous.....	32	24	56
Hydrocephalus.			
Encephalitis.			
Cerebral arteriosclerosis.			
Developmental defects.			
Brain tumor.....	27	14	41
Cardio vascular system.....	23	15	38
Heart diseases.			
Arteriosclerosis, general.			
Angio-neurotic group.			
Constitutional inferiority.....	11	13	24
Psychopathy.			
Backward children.			
Imbeciles and idiots.			
Stutterers and stammerers.			
Chorea .....	17	17	34
Cranial nerves:			
Fifth nerve.....	1	2	3
Seventh nerve.....	1	2	3
Dementia præcox.....	19	11	30
Ductless gland diseases.....	10	15	25
Thyroid.			
Pituitary.			
Adrenals.			
Ovaries.			
Epilepsies .....	52	28	80
Ear Disease.....	4	4	8
General paresis.....	74	7	81
Headache .....	8	8	16
Hemiplegia .....	9	8	17
Hysteria .....	8	48	56
Intoxications .....	36	26	62
Auto-intoxication.			
Lead.			
Drugs.			
Alcoholism.			

	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
Meningitis (non-syphilitic).....	8	0	8
Muscular atrophies, dystrophies and myasthenias.....	11	5	16
Multiple sclerosis.....	7	18	25
Neurasthenia group.....	10	22	32
Occupation disorders.....	2	0	2
Paralysis agitans.....	1	3	4
Paranoic states.....	8	4	12
Peripheral nerves.....	66	31	97
Brachial plexus distribution.			
Lumbar plexus distribution, sciatica, etc.			
Multiple neuritis.			
Poliomyelitis .....	9	7	16
Psycho-neuroses .....	30	53	83
Undifferentiated.			
Anxiety neurosis.			
Compulsion neurosis.			
Post operative neurosis.			
Menopause neurosis.			
Tics.			
Psychasthenia.			
Traumatic neurosis.			
Psychoses .....	31	54	85
Simple depression.			
Involution melancholia.			
Senile psychosis.			
Infective-exhaustive-toxic psychosis.			
Manic-depressive insanity.....	7	16	23
Spinal cord diseases, miscellaneous.....	52	11	63
Meningo-myelitis.			
Myelitis.			
Combined sclerosis.			
Lateral sclerosis.			
Syringomyelia.			
Spinal cord tumor.....	8	8	16
Surgical diseases.....	16	19	35
Syphilis of the central nervous system.....	162	60	222
Tabes dorsalis.....	255	79	334
Unclassified .....	23	20	43
Vertigo .....	1	0	1
Visceral diseases.....	49	39	88

## Hospital Patients Classified According to Nationality.

<i>Race.</i>	<i>Male.</i>	<i>Female.</i>
Armenia .....	1	0
Austria .....	110	36
Bohemia .....	20	2
Canada .....	30	3
Denmark .....	2	0
England .....	42	21
France .....	7	8
Germany .....	101	74
Holland .....	11	0
Hungary .....	31	8
Ireland .....	64	60
Italy .....	66	12
Norway .....	4	1
Roumania .....	12	16
Russia .....	172	120
Scotland .....	6	10
Spain .....	12	3
Sweden .....	15	9
Turkey .....	0	3
United States .....	397	319
Switzerland .....	2	0
West Indies .....	2	1
Brazil .....	1	0
Greece .....	2	0
Wales .....	2	1
Total .....	1112	707

## Report of Operations Performed.

Total number of operations.....	104
Deaths .....	5
Craniotomies .....	30
exploratory .....	3
for subtemporal decompression.....	6
exploratory with subtemporal decompression.....	1
exploratory for suspected abscess.....	2
for Jacksonian epilepsy.....	2
for removal of tumor of parietal lobe.....	3
for removal of two tumors.....	1
for subtentorial decompression and exploration.....	5
for attempted removal of large tumor from cerebello-pontine angle.....	1
for puncture of corpus callosum.....	3
for tumor of hypophysis, transfrontal.....	2
for gasserectomy .....	1
Laminectomies .....	24
exploratory .....	4
exploratory for malignant tumor of bone.....	2
decompressive .....	3
decompressive, unilateral .....	1
for rhizotomy .....	3
for spina bifida .....	1
for spina bifida occulta .....	1
for neuritis of cauda equina.....	1
for leptomeningitis with adhesions.....	2
for pachymeningitis .....	1
for necrosis of laminae.....	1
for division of antero-lateral tracts for pain.....	1
for extramedullary tumor .....	2
for intramedullary tumor .....	1
Operations on nerves.....	33
for brachial birth palsy.....	7
alcohol injections for tic douloureux.....	18
alcohol injection, inferior dental.....	1
avulsion, supra and infraorbital nerves.....	1
neurorrhaphy, ulner nerve.....	1
transplantation, ulner nerve.....	1
neurolysis .....	1
intracranial division of branches of trigeminus.....	2
exploration of sciatic nerve.....	1
Miscellaneous operations.....	17
removal of adenoids.....	1
appendicectomy .....	1
excision of axillary glands.....	1
excision of varicose veins.....	1
drainage of suboccipital abscess.....	1
excision of cervical glands.....	1
ileo-colostomy .....	1
arterio-venous anastomosis for threatened gangrene.....	1
hernioplasty .....	1
ligation of sup. thyroid vessels for Basedow's disease....	1
plastic on cicatrix.....	1
tonsillectomy .....	6



Anesthesias .....	87
gas and ether.....	81
local .....	6

(These miscellaneous operations were performed as incidents in the stay of patients in the Hospital.)

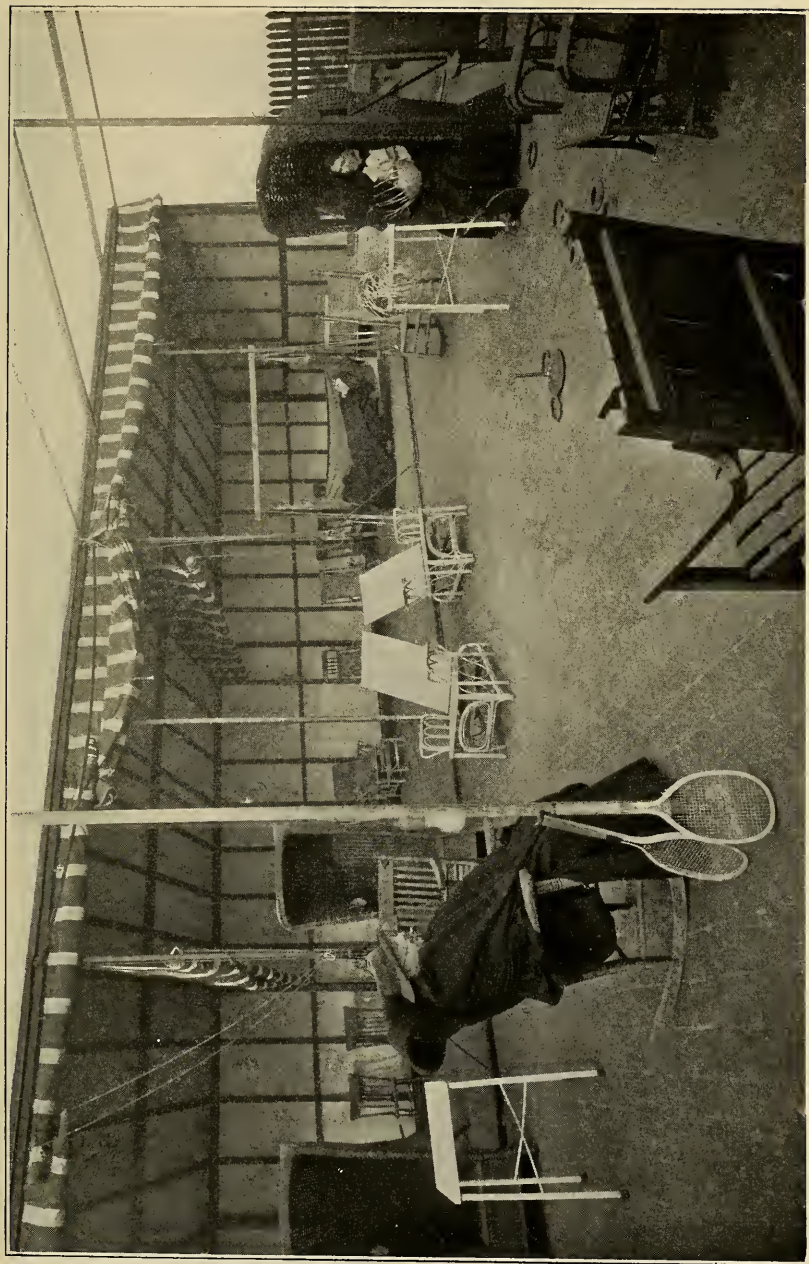
#### Causes of Death—

- 1—24 hours after exploratory operation for suspected abscess.
- 2—12 hours after first stage of suboccipital operation for suspected cerebellar tumor. Post-mortem showed large tumor of pons.
- 3—4 weeks after removal of cerebellar tumor.
- 4—1 hour after attempted removal of large tumor of cerebello-pontine angle (auditory neuro-fibroma) from respiratory paralysis.
- 5—Several days after the second stage of laminectomy for suspected tumor of cervical cord, from respiratory failure.

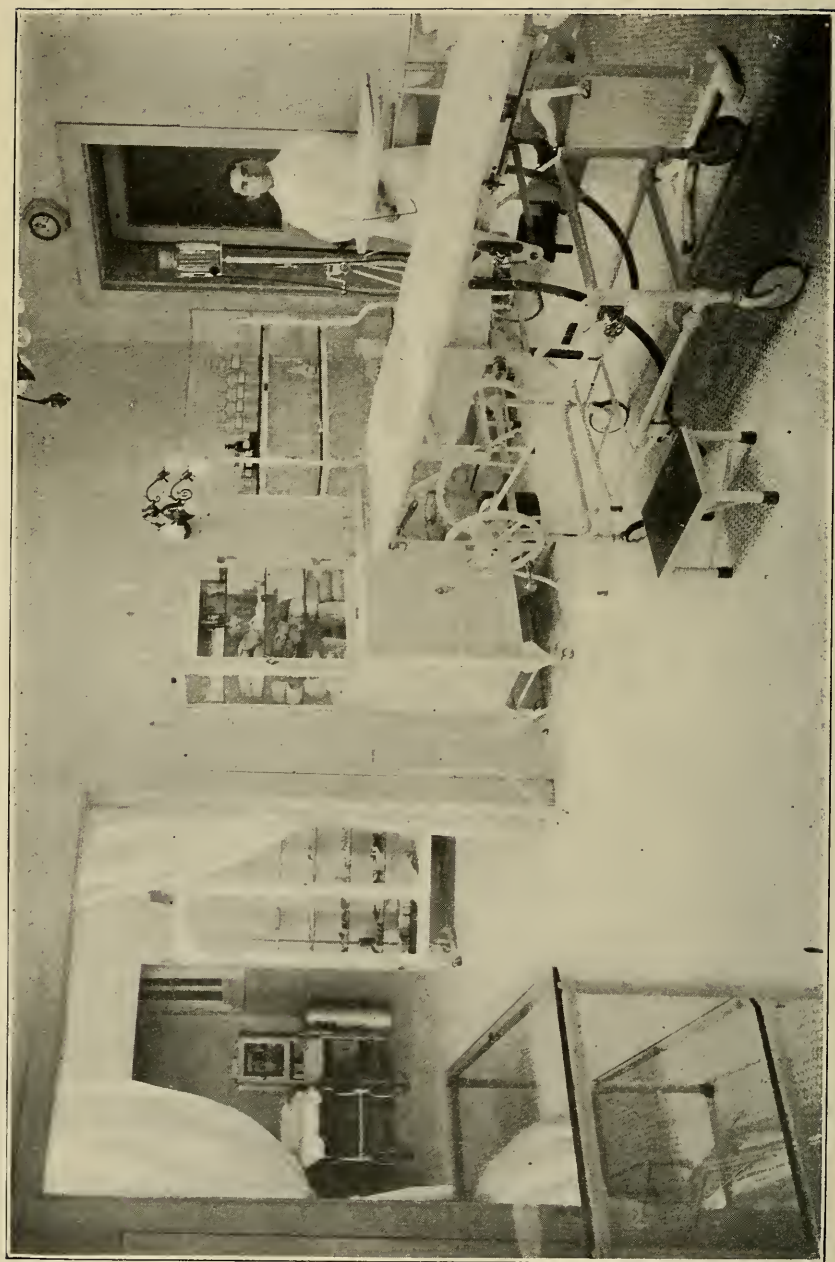
### Dispensary Department.

	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
Aphasia .....	1	0	1
Bone, joint and muscle diseases.....	198	200	398
Brain diseases, miscellaneous.....	86	60	146
Hydrocephalus.			
Encephalitis.			
Cerebral arteriosclerosis.			
Developmental defects.			
Brain tumor.....	23	3	26
Cardio vascular system.....	87	93	180
Heart diseases.			
Arteriosclerosis, general.			
Angio-neurotic group.			
Constitutional inferiority.....	174	172	346
Psychopathy.			
Backward children.			
Imbeciles and idiots.			
Stutterers and stammerers.			
Chorea .....	66	76	142
Cranial nerves:			
Fifth nerve .....	17	19	36
Seventh nerve .....	16	26	42
Dementia præcox .....	46	40	86

	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
Ductless gland diseases.....	15	53	68
Thyroid.			
Pituitary.			
Adrenals.			
Ovaries.			
Eye diseases .....	2	3	5
Epilepsies .....	113	82	195
Ear diseases .....	14	14	28
General paresis .....	40	8	48
Headache .....	37	45	82
Hemiplegia .....	12	13	25
Hysteria .....	57	60	117
Insomnia .....	3	1	4
Intoxications .....	92	101	193
Auto-intoxication.			
Lead.			
Drugs.			
Alcoholism.			
Medical diseases .....	94	124	218
Meningitis (non-syphilitic) .....	3	0	3
Muscular atrophies, dystrophies and myasthenias.	13	3	16
Multiple sclerosis .....	14	12	26
Neurasthenia group .....	154	129	283
Occupation disorders .....	31	23	54
Paralysis agitans .....	19	13	32
Paranoic states .....	3	7	10
Peripheral nerves .....	192	115	307
Brachial plexus distribution.			
Lumbar plexus distribution, sciatica, etc.			
Multiple neuritis.			
Poliohyelitis .....	42	28	70
Psycho-neuroses .....	213	234	447
Undifferentiated.			
Anxiety neurosis.			
Compulsion neurosis.			
Post operative neurosis.			
Menopause neurosis.			
Tics.			
Psychasthenia.			
Traumatic neurosis.			
Psychoses .....	49	56	105
Simple depression.			
Involution melancholia.			
Senile psychosis.			
Infective-exhaustive-toxic psychoses.			
Manic-depressive insanity .....	15	33	48



PORTRAIT OF ROOF GARDEN



OPERATING ROOM



	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
Spinal cord diseases, miscellaneous.....	43	14	57
Meningo-myelitis.			
Myelitis (Lateral sclerosis).			
Combined sclerosis.			
Syringomyelia.			
Spinal cord tumor.....	5	2	7
Surgical diseases .....	11	13	24
Syphilis of the central nervous system.....	91	43	134
Tabes dorsalis .....	66	44	110
Tremors .....	7	1	8
Unclassified .....	62	60	122
Vertigo .....	1	3	4

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### Nationalities.

Austria .....	345	Norway .....	8
Belgium .....	8	Poland .....	37
Bohemia .....	20	Roumania .....	108
Canada .....	36	Russia .....	1359
Denmark .....	10	Switzerland .....	6
England .....	71	Scotland .....	18
France .....	23	Sweden .....	22
Germany .....	228	Spain .....	9
Greece .....	9	Turkey .....	12
Holland .....	8	United States .....	1419
Hungary .....	133	West Indies .....	9
Ireland .....	178	South America .....	1
Italy .....	176		

## SUPERINTENDENT'S REPORT.

*To the Trustees of the Neurological Institute of New York:*

*Gentlemen*—I beg to submit the following statistics for the year 1913. In comparison with those of 1912, these figures show a substantial increase in the number of patients admitted to the dispensary, to the private rooms and to the wards of the hospital.

The hospital has no endowment for the care of free patients; nevertheless 99 persons have been taken care of without charge for 1386 days in the following way, viz.: the chief of each service has undertaken to pay the hospital for the free treatment of such patients as he thought were suitable; the fund for this purpose in many cases having been given to him by friends, some of whose names are in the list of donors; others prefer to remain anonymous. An endowment for this purpose is urgently needed and specific subscriptions are requested.

The capacity of the Hydrotherapy Department has been overtaxed during the past two years. New apparatus which can be used to advantage will now be added as the cost has been assumed by a friend of the Institute.

Early in 1913 a new wall plate was put in the Electrotherapy Department and later, through the generosity of Mr. Amory G. Hodges, an improved high frequency machine was installed. This has relieved the congestion during clinic hours and has enabled us to give more prolonged and adequate treatments. A sinusoidal apparatus is needed for the treatment of the paralyses following acute diseases.

Larger quarters are needed for the Occupation Department so that better group work can be done. In summer many patients work in the open air in the roof garden, but in winter the small room devoted to Occupations is entirely inadequate.

No one who has not been on the roof of the hospital can realize the important part it plays in carrying out much of the treatments ordered by the physicians. Class gymnastics, basket-ball, dancing, running, walking, etc., are done there under the supervision of experienced teachers, and participated in by upwards of three-fourths of all the patients that come into the hospital. An electric piano furnishes music for the rhythmic exercises and dancing.

That exercise is a therapeutic feature much appreciated by the patient and valued by the physician, is evidenced by the constantly increasing number of patients who go willingly to the roof and who look forward to going. The roof helps overcome the tedium of the stay in the hospital of many who, in addition to being sick in body, are despondent and despairing.

In the hospital management economy has been effected in the use of coal, by connecting the hot water and steam heating



systems and in the use of electricity by installing tungsten lamps throughout the hospital.

We need room. We need space. We need adequate facilities to carry on the great work that is being done here. It is incredible that so much can be done in the quarters we now have. Only the devotion of the physicians and the co-operation of all departments has made it possible.

For the continued support and assistance of your honorable body I am deeply grateful.

Respectfully submitted,

A. M. HILLIARD,  
*Superintendent.*

#### PATIENTS ADMITTED.

	1912.	1913.
Private—		
Male.....	240	357
Female.....	148	201
Ward—		
Male.....	493	680
Female.....	446	482
Free—		
Male.....	30	55
Female.....	21	44
Total.....	<u>1,378</u>	<u>1,819</u>

#### NUMBER OF PATIENT-DAYS.

Private .....	6,760	8,228
Ward .....	21,475	23,240
Free .....	1,020	1,386
	<u>29,255</u>	<u>32,854</u>

#### DISPENSARY PATIENTS.

Number of patients.....	3,865	4,253
Treatments given .....	27,658	29,954

# Operating Earnings for Two Years Each Ending November 30

	EARNINGS			OPERATING EXPENSES			DEFICIT	
	1911	1912	1913	1911	1912	1913	1912	1913
December (1910)...	\$8,962.54	\$5,940.43	\$8,687.24	\$11,946.87	\$10,932.48	\$9,795.91	\$4,992.05	\$1,108.67
January.....	8,102.81	6,210.12	10,027.35	11,629.59	9,830.49	10,350.56	3,620.37	492.85
February.....	10,219.13	8,899.10	7,564.09	11,341.29	11,144.77	9,646.55	2,245.67	2,082.46
March.....	11,428.50	7,392.87	7,661.73	12,711.25	10,694.92	9,326.63	1,282.75	1,664.90
April.....	11,046.27	6,358.11	7,770.96	11,320.41	9,749.88	9,197.53	3,391.77	1,426.57
May.....	10,668.87	8,337.45	9,668.10	12,165.57	10,324.82	9,309.62	1,987.37	*358.48
June.....	9,684.86	7,187.87	8,025.10	10,957.67	10,134.40	9,607.24	2,946.53	1,582.14
July.....	7,599.94	4,977.31	5,339.08	11,360.29	9,468.98	8,476.37	4,491.67	3,098.51
August.....	6,091.74	4,743.89	4,874.98	9,857.88	8,986.48	7,763.11	4,242.59	2,888.13
September.....	6,221.34	4,751.24	6,574.75	9,684.54	8,351.02	7,871.71	3,599.78	1,296.96
October.....	7,850.83	8,206.08	10,479.74	11,360.54	9,191.02	9,485.91	984.94	*993.83
November.....	6,061.54	8,447.31	9,525.53	10,152.57	9,211.07	9,776.81	763.76	251.28
Total.....	\$103,938.37	\$81,451.78	\$96,198.65	\$134,488.47	\$118,020.33	\$110,807.95	\$36,568.55	\$14,540.16

\*Items starred indicate surplus.

# Comparative Cash Statement for Three Years Ending November 30, 1913

To Gross Earnings from:	Receipts.			Disbursements.		
	1911	1912	1913	1911	1912	1913
Private Patients.....	\$ 42,153.12	\$ 24,317.40	\$ 27,825.82	Salaries and wages.....	\$55,449.18	\$50,623.40
Ward Patients.....	42,291.73	41,410.41	45,032.87	Provisions and supplies.....	31,596.38	24,817.31
Special Nursing.....	10,890.14	5,430.97	7,189.93	Rent.....	18,586.75	18,068.39
Dispensary and Treatment...	7,800.95	9,218.11	9,229.01	Medicine and surgical supplies..	5,146.86	4,694.10
Miscellaneous Receipts.....	802.43	1,074.89	6,990.16	House supplies.....	1,643.72	1,211.39
Total.....	\$103,938.37	\$81,451.78	\$96,267.79	Laundry.....	7,760.94	7,689.41
Less accts. charged of above....	2,204.72	1,899.08	1,282.62	Printing and stationery.....	2,176.32	1,250.85
Cash receipts.....	\$101,733.65	\$79,552.70	\$94,985.17	Telephone and Telegraph.....	1,906.73	1,977.31
Adv. paym'ts from patients....	1,002.07	847.55	1,227.77	Repairs and supplies.....	2,021.09	1,395.03
Donations as per list.....	33,798.69	48,089.69	22,139.41	Fuel and light.....	6,825.47	4,996.10
Balance at beginning of year....	\$136,534.41	\$128,489.94	\$118,352.35	Hospital sundries.....	1,375.03	1,297.04
	6,619.01	5,059.00	7,772.62	Less accts. unpaid of above....	\$134,488.47	\$118,020.33
				Add unpaid bills of year previous	3,467.40	449.21
					.....	4,215.37
				Roof garden expenses.....	\$131,021.07	\$122,235.70
				Apparatus and instruments.....	453.56	319.01
				Furniture, fixtures and equip't..	739.52	240.16
				Social service.....	3,353.71	1,471.76
				Prepaid expenses.....	.....	1,169.99
				Corporation expenses.....	715.65	339.70
				General miscellaneous.....	1,806.51	300.00
					4.40	.....
				Balance in Fidelity Bank.....	\$138,094.42	\$125,776.32
				Cash in hands of Supt.....	1,519.00	6,272.93
				Bal. in hands of Treas. Nov. 30-	1,100.00	800.00
					2,440.00	699.69
	\$143,153.42	\$133,548.94	\$126,124.97		\$143,153.42	\$133,548.94
						\$126,124.97

## REPORT OF SUPERVISOR OF NURSES.

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*To the Trustees of the Neurological Institute of New York:*

Gentlemen—The post-graduate course of instruction for nurses has been continued during the past year.

Nurses are required to spend a definite period of time in the Hydrotherapeutic, Mechanotherapeutic and Electrotherapeutic Departments and under the supervision of permanent instructors they assist in giving the treatments to hospital and clinic patients.

The hospital gives special attention to bedside instruction under the direction of physicians and nurses.

The lecture course consists of:

Pathological Conditions of Spinal Cord....	Thaddeus Ames, M.D.
Nursing in Brain and Spinal Cord Surgery.....	Charles Elsberg, M.D.
Nursing in States of Excitement.....	Thaddeus Ames, M.D.
Nursing in Drug and Alcohol Cases.....	Thaddeus Ames, M.D.
Nursing in Brain Diseases.....	Foster Kennedy, M.D.
Observation, Differentiation and Immediate Treatment of Fits.....	Foster Kennedy, M.D.
Emergency Care of the Insane.....	C. Yates Ford, M.D.
Illusions, Delusions and Hallucinations....	Frederick Haynes, M.D.
Neurasthenia, Psychasthenia and Hysteria.....	Frederick Haynes, M.D.
Nursing in States of Depression.....	Louis Casamajor, M.D.
Nursing in Dementia.....	Louis Casamajor, M.D.
Nursing in Nervous Diseases.....	A. M. Hilliard.
Psychology .....	Mr. Frederick Ellis.

### CLASS AND DEMONSTRATION WORK:

Electrotherapy .....	Dr. Evans.....	4 classes
Mechanotherapy .....	Mr. Nelson.....	4 classes
Hydrotherapy .....	Miss O'Brien.....	15 classes
Occupation .....	Miss Buck.....	24 classes
Anatomy and Physiology of the Nervous System.....	Miss A. M. Hilliard.....	12 classes

Thirty-seven nurses entered for the course and fourteen graduated; twelve are still in training.

Graduates of the above course are doing private nursing and are holding executive positions. A number have been retained on the Hospital Staff.

We gratefully acknowledge the assistance of the physicians and surgeons on the staff for assistance in teaching and for their care of the nurses who have been ill during the past year.

Respectfully submitted,

A. M. HILLIARD,  
*Supervisor of Nurses.*

## REPORT OF OCCUPATION DEPARTMENT.

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DECEMBER 1, 1912, TO NOVEMBER 30, 1913.

*To the Trustees of the Neurological Institute of New York:*

*Dear Sirs*—The patients working in the occupation department may be grouped in three classes:

First—Those who have retained their normal attitude toward work as a necessary part of life.

Second—Those who have become so habituated to invalidism that they have lost this attitude.

Third—Those who have become so incapacitated by organic nervous diseases as to need re-education.

The value of occupation to the patient of the first class, whether his ailment is of the mind or of the body, or of both, is that it keeps him from losing the normal routine which he must continue on his return home. It is of value in making him contented; it also enables him to be of aid to the hospital in printing, chair caning, etc.

The second and third classes offer a field for therapeutic work. Many patients have come to us so out of touch with the ordinary interests of life that these have ceased to be a part even of their thoughts. To help fill the empty hours with thoughts which relate to work, to find crafts simple enough for unaccustomed fingers and to rouse the sluggish will to an effort to carry articles to completion, are the tasks of the teacher. Such patients are often unable to leave their rooms and thus they miss the spirit of companionship arising from group work. Having been the pivot around which the family life revolves, they find it a new experience to do for others even so simple a thing as making a basket for a gift. But from such invalids, often apathetic when taught, many expressions of gratitude have come during the last three years which show that it is hard to judge of the ultimate benefit of the work by the immediate results.

The third class is also one of great interest, as the desire to work often remains strong in those crippled by organic nervous diseases. Many such patients have not tried to use their hands on sufficiently simple work, or they may suffer from fancied disability. With careful training on work requiring few muscular movements and but little strength they regain self-confidence and some degree of skill. The ability to use the hands is often retained in persons who have become almost helpless otherwise. The persistence necessary to overcome physical obstacles is a factor in the success of the many handicapped who earn their



living by craft work. One patient, a young man, with an incurable spinal disease, learned to make nut baskets and is supplying these to a fruit dealer. Another, a young woman, at first unable to walk has been taught typewriting and through the interest of the department is now in a business college, and should the paralysis return she will still be able to earn a living.

In the last annual report mention was made of the use of so-called "book-binding without apparatus." It has proved interesting to many patients, and more advanced work will soon be introduced. Basketry, coarse knitting and embroidery have also attracted many. Printing has been successful with both men and women. Typesetting is too intricate for most patients, but the running of the presses provides interest and affords a good degree of muscular co-ordination. Several patients who have been unable to fix attention on basketry or book-binding, have derived both pleasure and profit from this work. A large amount of typewriting and dispensary printing has been done.

#### SUMMARY OF WORK DONE BY PATIENTS.

Total attendance for year.....	410
Pieces of work completed, printing not included.....	497

#### WORK DONE.

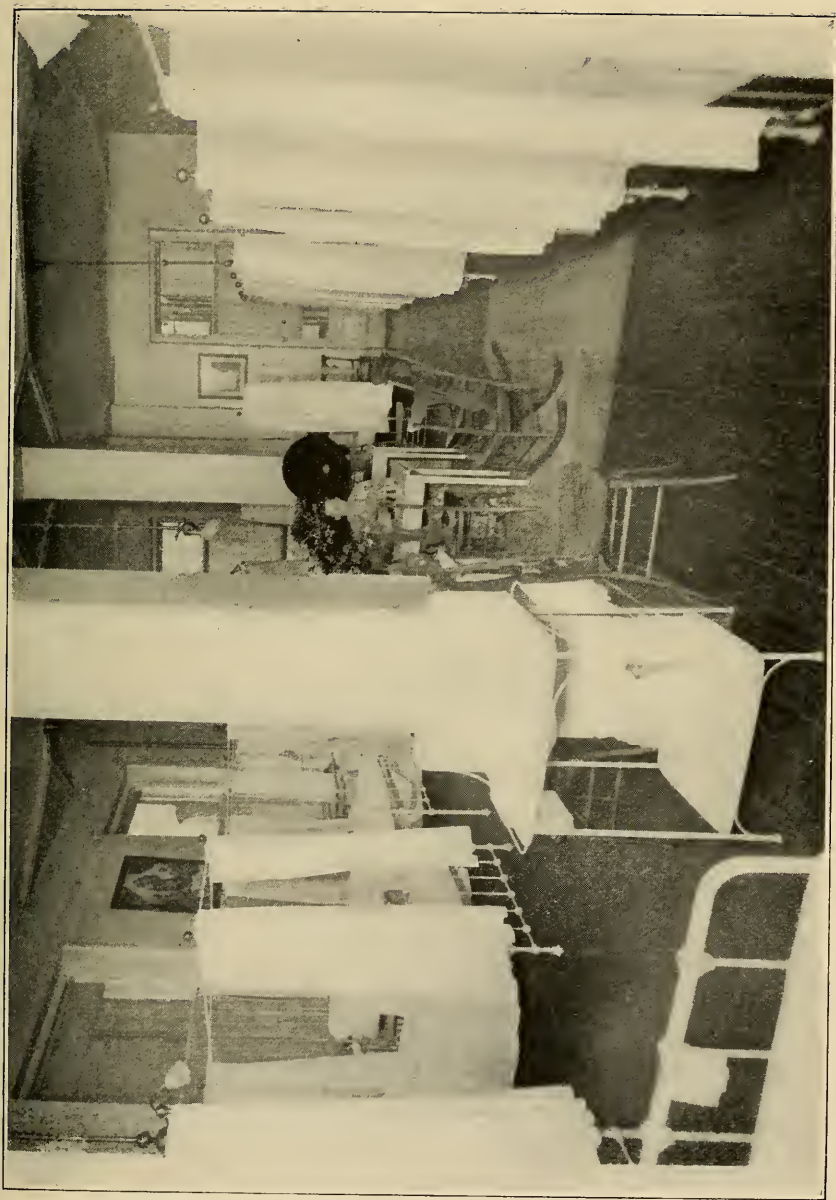
Basketry .....	175 pieces
Bookbinding—	
Books .....	40 pieces
Desk pads and portfolios.....	22 pieces
Cases for microscope slides.....	12 pieces
Folios for histories.....	8 pieces
Chair caning .....	8 pieces
Typesetting .....	12 pieces
Sewing and embroidery .....	46 pieces
Drawing .....	65 pieces
Balance of pieces consists of weaving, brasswork, etc.	

The work has been facilitated by the co-operation of the Superintendent, the members of the Medical Staff, and the post-graduate nurses.

Respectfully submitted,

MERTICE M. BUCK.





WOMEN'S WARD



ROOM FOR RE-EDUCATION OF MOVEMENT

## REPORT OF THE DEPARTMENT OF SOCIAL RESEARCH.

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*To the Trustees of the Neurological Institute of New York:*

*Dear Sirs*—This report of the Department of Social Research is the first one covering a complete year. For this reason some details are included about its aims and methods which are not a necessary part of an annual report.

The title of Social Research has been used in preference to that of Social Service for a number of reasons that have to do with the special character of the work of the department. The most important of these reasons is, that all the work of the Institute seems, to one in daily contact with it, to be social service of the highest order. Most of the tasks assigned to us are contributory to the work of the physicians, who include our reports in their materials for a diagnosis; any further steps taken by us are dependent upon the nature of this diagnosis. With us the work of social investigation so completely overlaps that of social service, in the popular use of that term, that it is not possible to divide the individuals dealt with into groups, from the largest of which a name can be taken for the department. A name has been selected, therefore, which represents the methods used rather than the results aimed at. These methods are, principally, investigation, including close personal examination; advice, including oral or manual instruction; and material aid, either directly or through existing agencies. In almost all instances the kind of advice and the material aid given are determined by the thoroughness of the preliminary investigation. Altogether the present title seems, therefore, to indicate very well the purpose of the department to contribute, in special extra-medical ways, to the work of the physicians, and to contribute to the social service of the entire institution, rather than to sequester its social service in a separate department.

### Volume of Work.

There have come under our observation during the year for the first time 658 different persons, and there were continued from last year 54 others, making a total of 712 persons to whom some sort of service has been rendered. Of these 428 were from the dispensary, 56 were sent from the hospital, 43 came from outside sources, mainly through members of the Institute staff, and 129 were supposedly normal children from one of the public schools, who were examined for the sake of obtaining a better standard by which to judge children who deviate in some degree from what is considered normal.



No record was kept of the number of interviews or the amount of time given to each person. It is rare for a case to be closed with less than two interviews. Frequently the general inquiry includes parents, teachers, or the representative of some organization interested in the final solution of the problem. Each examination takes a number of hours; the neurological examination made in the dispensary takes over an hour; the efficiency test and the general inquiry in this department take about three hours; another two hours is needed for the formulation and writing of a report. The time spent in personal service has to be added to this, and includes, in many instances, repeated interviews, correspondence, and lengthy investigations. Type-written records are kept of the information gathered, and the cases are indexed in an alphabetical and in a classified list. To do this considerable amount of work there is a director; an assistant, who has given her full time to the conduct of the efficiency tests; a second assistant for the last five months of the year, who has put in order the records, arranged the index, given occasional examinations, and undertaken the special instruction of a number of backward and handicapped children; a stenographer; and a student helper on part time.

The volume of work is certain to increase during another year. Out of the more than five hundred persons, sent to us with some definite problem of physical or mental health, two hundred have been selected as proper subjects for further study and aid. This continuation of the work of one year to the next seems necessary in order to get the full return for the effort already put forth, and to afford an opportunity for the improvement of our own methods of examination and treatment. Efficiency in the conduct of such a volume of work can only be secured by having a well established group of experienced workers. To do satisfactorily what we have undertaken will require at least a director, an examiner for the office, an investigator for outside work, a general assistant for the records and for special instruction, and a stenographer, in addition to the volunteer and student help that may be counted on in varying amounts.

### General Problems.

The problem of material aid is not an urgent one with us. Many of those who come to the dispensary are sent by helping agencies which are already looking after their general welfare. Others are referred by us in turn to sources of relief that are better equipped than we could be to inquire into the kind and amount of aid needed and the best way of providing it. The decision as to where best to send these needy cases is a matter which often calls for extended consideration. There are occasional instances where some immediate relief ought to be given.

and it would be an advantage to have a small emergency fund for this purpose.

The problem of investigation absorbs a great deal of time and energy. In order that there may be due economy, considerable attention is being given to methods, especially to the methods of personal examination. An account of the progress made in this direction will be found at the end of this report.

The most important of our problems is that of personal advice and instruction. The results of the examinations belong to the physicians, who determine the diagnosis and the treatment; but in a large number of cases the explanation and oversight of the treatment prescribed are entrusted to the examiner, who has made the long personal inquiry, and has an intimate knowledge of the factors in the case on which successful treatment depends. This work of personal direction requires tact and patience, time for the slow instilling of new ideas, earnestness in persuasion, skill in argument, and often even strong powers of suggestion; indeed, every factor that makes for success in the art of teaching. One has to sympathize without being sentimental, to be, at times, stern without being harsh, to be able to condescend to simplicities of thinking and feeling without appearance of effort, to cling unwaveringly to the great verities of life and thought, and to resist with fact the subtle dealing in untruths and half truths which is characteristic of depressed and bewildered minds.

It is not possible to describe here in detail the methods used in dealing with these problems, for they are almost as various as the individuals. An attempt at a more definite picture of our work can be made by describing briefly some of the special problems that arise and adding a few individual illustrations.

### Special Problems.

A good idea of the field in which we work may be gained from the accompanying diagrams. The first diagram shows clearly that our concern is mainly with the growth periods of early and later childhood, and early and later adolescence. While 72 per cent. of the dispensary enrollment was between 20 and 50 years of age, 71.5 per cent. of our enrollment came before 20 years of age. This diagram also shows the relatively great importance of the work of this department for these younger ages. Some 35 per cent. of the entire dispensary enrollment between the ages of 6 and 18 years was sent on to us for some sort of further observation. The second diagram shows the total enrollment of the department from all sources. By comparing the two diagrams it will be seen that in this total there came, from sources outside of the dispensary, a considerable addition to the number of youths between 18 and 25 years of age. It is probable that this group of young men and women would have been larger if

it had been understood generally that it is of equal interest with the younger groups and apparently even more needy. The prevalent interest in child study has had an effect on the dispensary attendance of children in all hospitals. With us this has not been so marked in increasing the number of children of the lower grades of intelligence, perhaps on account of the special provisions made by the city for their examination. It has increased the number of those on the border line of efficiency or nervous stability, and these form a class that is deeply interesting, with problems of great delicacy and urgency. On the other hand very little effort is being made anywhere toward the careful study of the problems of young manhood and young womanhood. In our experience no group is so needy and so little understood. Many are still laboring under difficulties carried forward from adolescence, but have reached a point where they no longer benefit by the aids freely given in that period. School days are over; home ties are loosening or are already broken; sharp demands are being felt for business efficiency, or for a higher grade of student activity; the duties and responsibilities of approaching maturity give a new outlook on life and bring about a more searching estimate of the native capacity to excel. It is a time of natural stress, and, when physical or nervous weakness intrudes, disturbances are likely to arise in the way of restlessness, excitement, distrust, fear, doubt or depression, that are at once more massive and more complex and more far reaching in consequence than could possibly appear in childhood. So far as it is possible to direct the course of our investigations we propose to make this group the main subject of study during another year.

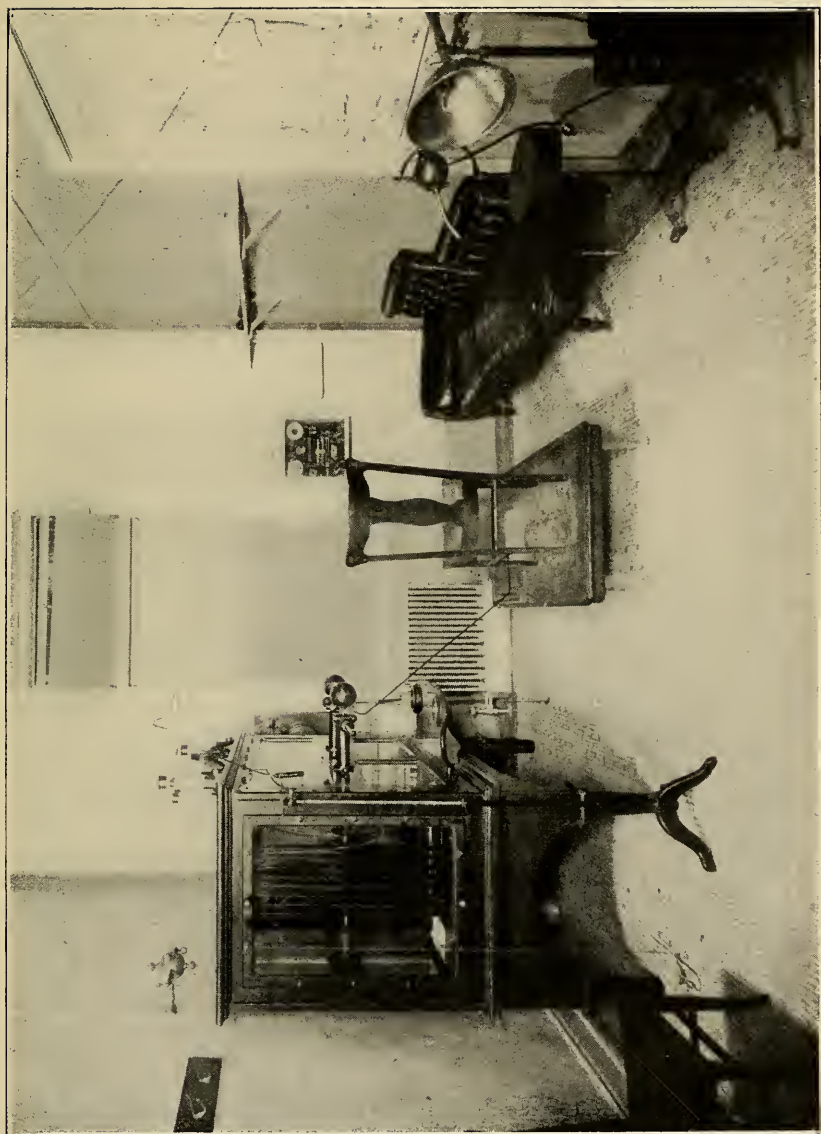
A careful inquiry will also be made into the small enrollment of those of more mature years. It is probable that a great proportion of these need only medical advice. The problems of middle age are better understood, and there are long standing devices for meeting them in the way of insurance, employment and temporary relief, in addition to the support naturally given by family and friends. Nevertheless there are probably opportunities here that ought not to be overlooked.

### **The Problem of the Individual.**

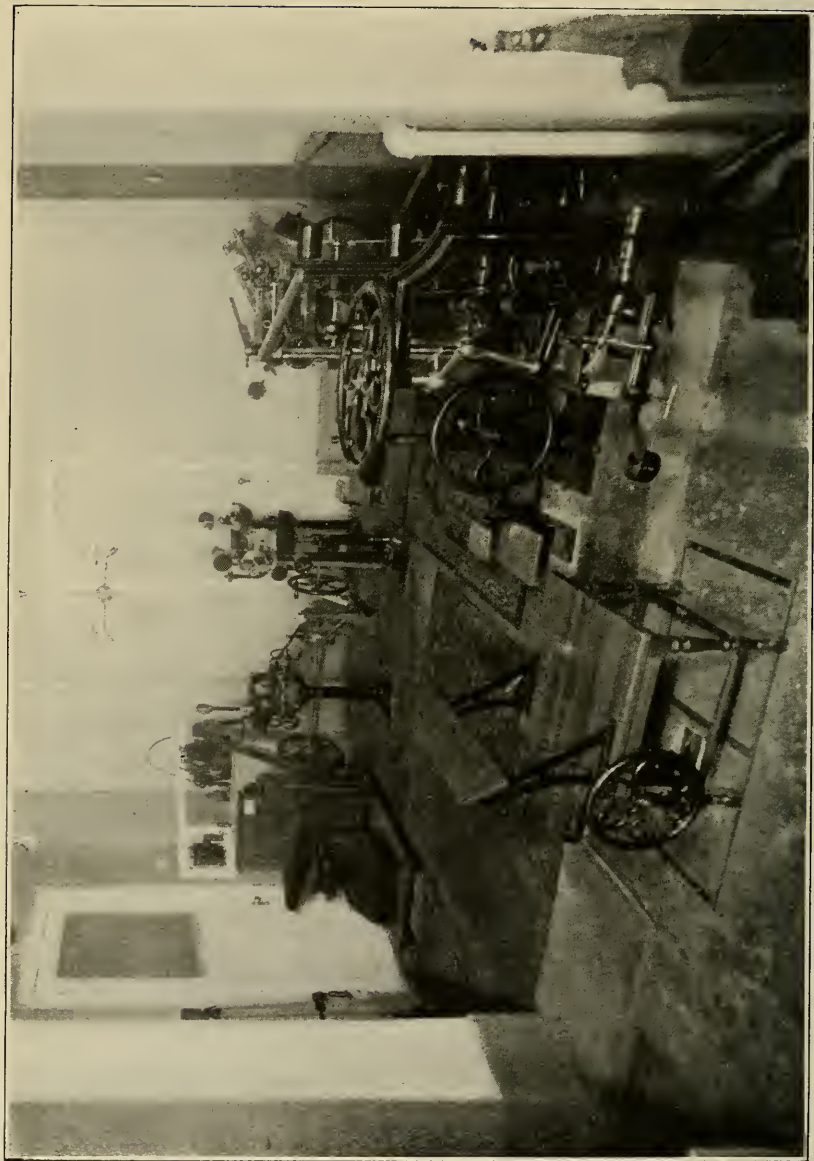
The more intimate phases of this work are hard to describe without violating the confidences of the examination room. The most striking illustrations of the individual problems that arise cannot be given without forfeiting the privilege of giving further personal service. The illustrations that follow are typical of the ordinary run of cases and could be duplicated many times over from our records.

1. Problems of fear in young men and women. These problems frequently present themselves in the form of slight altera-





ELECTRO-THERAPEUTIC ROOM



ZANDER MECHANICAL APPARATUS

tions in physical condition, associated with unreasonable concern about health, mental adequacy, or business or social success.

A. A high grade clerk in a banking house, who has a constitutional timidity, which is apt to take the form of a panic in a high building, or in a large audience room, or at the thought of contracting some loathsome disease; he has customarily found relief in excess of activity, physical and mental, followed by a reaction characterized by depression and loss of emotional control. He has been helped by knowing that there is a place where he is understood, and some one with whom he can discuss the details of his problem; several of these experiences have been ward off, and he is resuming his efforts at self-improvement and his social activities.

B. A young woman has had a number of annual attacks of mild depression, usually following a period of over-confidence and over-exertion, especially in the effort to get a higher education while supporting herself; she has had to abandon her work or change the character of her employment frequently on this account. She has for some time made a habit of submitting her plans and her daily program for criticism, in the light of what is known of her tendency and limitations; her attacks are lighter, she has gone through them without loss of employment, and has laid aside the fear of complete loss of reason that formerly oppressed her.

C. A young married man who is subject to extreme panics, in which he has acted in a thoroughly irresponsible way; there was no apparent physical foundation for his fears except a slight tachycardia; he had sought distraction from his fears in a wholly impractical way of working, which had come to take the form of two days' work in one, the first made up of close work as an architect, the second as a student in an evening technical school; he discovered that a tendency to insomnia was relieved by physical excesses, and was rapidly drifting into dissolute habits. He has defined his fears, rearranged his program around the idea of attaining a high level of physical and mental health, and is carrying on a reasonable plan of work and study with satisfaction to himself, his employers and his family.

D. A young man who went through a period of mild physical and mental debility, following the close of his high school course, with a wholly disproportionate amount of depression; this was accentuated by a difference of opinion with his elders over his choice of a profession; he became deeply concerned about questions of race and faith and wavered in his confidence in human goodness and human institutions. He has regained his strength, and has made steady progress in adjusting himself to a life of experience rather than of meditation; through conferences with his parents their objections to his choice of profession have been removed and he has entered happily on his law studies.

E. A young man who has some aptitude for music and an absorbing interest in it; he was forced by his parents who had a deep prejudice against music as a means of support and a source of character, to take up the study of engineering; during the first year of his employment he went through a violent inner struggle between his sense of duty to his parents and his loyalty to his own ideals; in the midst of the depression brought on by this struggle he began to have habit movements, which finally took the form of a violent twisting of his neck to one side; under advice and direction, and with great courage and patience, he systematically abstracted himself from this



habit and re-centered his interest in things outside of himself. After a year he had a relapse connected with the custom of his parents of taking all his earnings and giving him money for his current expenses only in response to separate requests; to avoid this feeling of dependence he increased his income by playing the piano for dances until early morning, often in a purely mechanical way, more asleep than awake, and gradually drifted into his old habit movement. He was helped to readjust his relations with his parents and recovered his freedom of movement with very little help and much more quickly than before.

F. A skilled mechanic of thirty-seven, married, with three children, who suffered from constant indefinite pain in the head for which no relief was given by physicians; he regularly lost a third of his year's wages through absence from work. After close interrogation he was led to see that he was no better when resting than when at work, and he made a resolute determination to lose no more time; after nearly two years, during which he has lost only a few days, he is feeling better and is convinced that he has found the clue to a permanent cure in unflinching industry.

G. A young woman who was employed at proofreading, began to deteriorate physically and mentally, and in hopeless agitation over her changed relations did many excited and unreasonable acts, but without developing a well defined mental disorder; she absorbed the time and attention of an entire family until they faced the embarrassment of placing her in a public institution, since a private sanatorium was beyond their means. Through the advice and encouragement given them they were able to manage the situation at home for nearly two years, until her death from natural causes. In this case the service rendered was to the family rather than to the patient, but was none the less a legitimate and useful piece of social service.

2. Problems of waywardness in childhood. These are sometimes due to inherited weakness, or are merely the accompaniments of some passing disorder, or may be traced directly to bad care or to a bad example in the home.

A. Two boys of twelve and thirteen years, who, a year apart, developed complete incorrigibility at school and at home, without showing pronounced criminal tendencies; inquiry showed that the mother had been insane, that the father's employment took him from home frequently for some weeks at a time, and that the entire burden was being carried heroically and patiently by an older sister. On account of the deep seated character of their complaint and the lack of mental efficiency shown they were recommended to the New York Juvenile Asylum, where they are under proper restraint and are getting along well and happily.

B. A young boy of twelve who behaved carelessly in school, was backward in his studies, and showed a tendency to become a truant, and to increasing neglect of right relations to other members of the family. The fact of his mental backwardness, which was disputed by his mother, was established by a careful examination; his teachers were interviewed and found to be thoroughly hopeless about getting his co-operation; his mother was found to be extremely notional, irritable, and lacking in intelligent insight into the problem of a backward boy. She was persuaded to consent to his transfer to an industrial farm, where he is showing satisfactory improvement so far as his moderate mental ability permits.

C. A boy of eight, who had lost interest in school, but displayed a virile interest in sport and in mechanics; his parents are uneducated but of unusual integrity and industry; a touch of idealism had led them to decide on a high school education for their boy, which involved postponing the satisfaction of his practical interests and the setting up of added restraints at home. They have consented to take a more practical view of the boy's education based upon his efficiency test, and he was given the alternative of meeting the new situation or going to the farm school; the serious consideration given to his problem seems to have made a deep impression on him and he is going on very satisfactorily with the new plan of study and work.

D. A boy of twelve with a mild case of chorea, whose mother has been repeatedly told by physicians that, if left alone, he would out-grow it, and that it could be treated best by being ignored. He had developed mental and emotional peculiarities which were becoming a part of his settled disposition, and were taken by parents and teachers for genuine incorrigibility; he was both unhappy and a source of unhappiness to a weak and nervous mother. A proper regimen was prescribed by the physician, he was suitably located in a convalescent home for a number of weeks and made a rapid recovery both of health and of interest in normal ways of behaving and working.

3. Problems of waywardness in youth. Flagrant waywardness of conduct in youth has been brought to our attention much more commonly in the case of young women, principally through a group sent to the clinic by the New York Probation and Protective Association and by the Church Mission of Help.

The results of the study of 100 cases of these erring women will be published during the coming year. Many of them are of the simplest order of intelligence, trained only in the hard school of experience, and unable to cope with the primitive impulses which are active in themselves or in their environment or in both. The chief result of our inquiries so far has been to give some help in defining the degree of unreliability and inefficiency displayed in the group. For the Institute the chief result is in the greater certainty which it may afford in the diagnosis of a difficult type, not infrequently appearing in a neurological clinic. No specific illustrations are offered here for obvious reasons.

4. Problems of retardation and of special guidance. Not all retardation in school studies is due to settled deficiency; whenever it is, it is important to discover it in time and to obtain some clear idea of its nature and possible consequences. It is equally important to get a clear estimate of the nature of any special aptitude and to establish the conditions under which it may be developed.

A. A boy of eight, who had made no progress in school and was still enrolled in the kindergarten. The medical examination showed a serious infection invading the nerve tracts and he was put on proper treatment. In the months since this began he has grown larger and more active and was apparently more intelligent, but repeated examinations show no improvement in his mental ability.

B. A boy of fourteen, whose mother was ill and dependent, was found to be lagging in his school work near the end of his course;

investigation showed that his mother was demanding more of his time and attention than was necessary, and that the boy was suffering from insufficient nourishment. A new arrangement of the home situation was secured, additional nourishment was provided, the boy finished his course creditably and is now largely responsible for his mother's support.

C. A girl of seven, who was thought to be precocious on account of her fluent speech and incessant activity, but on account of her inability to spell well was thought to have some special mental defect. Examination showed that she was unrestrained rather than precocious; that she was not mentally advanced for her age, and from the point of view of a normal child showed no particular backwardness in dealing with the language problem. The efforts of parents and teachers were thereupon redirected, much to the mental comfort of all concerned.

D. A high school boy of sixteen, who came to the clinic complaining of extreme nervousness and inability to do his work satisfactorily. He was found to be carrying a heavy music course in addition to his school work. He had a thorough efficiency test, and this was supplemented by an examination of his musical ability by a competent expert. It was decided that his musical gifts were of a moderate sort, that he possessed no marked powers of feeling and imagination, such as might make him a gifted interpreter, and without discouraging his interest in music he was influenced to drop his music study for a year and devote himself to his high school course. He regained his nervous poise and has graduated with credit, and, whatever his future career in music may be, is certain of the elements of a liberal education.

5. Problems of special defect. The largest number of these cases have been of children and young people suffering from some form of speech defect. The provision in the schools for remedying this difficulty is quite inadequate; for those beyond school age there are few opportunities for training except from expensive and frequently unreliable private teachers.

During most of the year a class has been conducted in speech training in which twelve pupils were enrolled. Individual lessons are given, one or two each week, and in every case where the attendance has been regular there has been very satisfactory progress. There are few defects that are more embarrassing in social or business life, and there is no one piece of work carried on in this department that has seemed more truly to partake of the nature of social service in a hospital for nervous disorders. The defect is so widespread and so familiar, in its many forms, that no illustrations need be given.

### Acknowledgments.

The department has been fortunate in having during the entire year the assistance of Miss E. Helen Hannahs, who has given her time with untiring devotion and great skill to the conduct of examinations and the formulation of reports, and to her belongs in great degree the credit of this part of the work. The others who have assisted are Miss L. H. Rainey, who has put in order the records for twenty months and given valuable



assistance in examining and instructing a number of children with special handicaps; Mrs. E. C. Smith, who has done the stenographic work with great efficiency; and Miss L. F. French, who has done faithful work as a student helper in taking charge of the files.

We owe to the courtesy of Principal John F. Reigart, of Public School 166 a much appreciated opportunity to observe a typical group of normal children.

Grateful acknowledgment is made of a number of generous gifts, especially one made in recognition of the aid given by the Neurological Institute in connection with this department in the study of a group of wayward women, referred to us by the New York Probation and Protective Association.

The director is deeply appreciative of the cordial attitude of the physicians and the general staff of the Institute and of the generous support and encouragement of the Board of Trustees.

Respectfully submitted,

FREDERICK W. ELLIS.

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#### Note on the Use of Efficiency Tests.

A large proportion of the cases referred to the department of social research was accompanied by a definite request for some estimate of the patient's general efficiency. In the department itself it has been found that success or failure in dealing with patients commonly turns on an accurate estimate of their efficiency. During the the first year this situation was met by selecting from the growing literature of tests any that seemed adapted to the particular case under observation. Gradually a number of these tests were selected as being particularly adapted to use in a neurological clinic. Some of them were simpler forms of commonly known tests. Some were taken from the familiar Binet and Simon age scale, considered as a part of the general literature of tests. Besides this very general "testing of tests" the principal result was to point the way to the arrangement of a set of tests suited, not to separate years, as with the Binet and Simon scale, but to different growth periods, as childhood, adolescence or early maturity.

During the present year this work with tests has taken the form of trying out a set of tests for the pre-adolescent period, approximately from nine to fourteen years. This set of tests has been given in its complete form to over 250 individuals, and in partial experimental form to as many more. Some of these individuals were over fourteen years of age, but were not known to be superior to an average fourteen-year-old child, except in experience. The tests were given freely, in fact, to any person whose school life had ended by fourteen years.

The selection and arrangement of the tests was governed by some very simple principles. It seemed best, of course, to put aside absolutely the idea of a set of special faculties, possessed in varying degrees of strength by every normal individual. It also seemed best to put aside the idea of elementary and higher mental processes on which Binet founded his age scale. The principle that appeared to work best in the selection of tests was Kraepelin's idea of continuous work with simple processes for a definite period; it was found that the simpler the form of the test used in this way the more satisfactory

were the results obtained. The principle that appeared to work best in arranging the tests was Thorndike's thesis, that "a man's intellect, character and skill is the sum of his tendencies to respond to situations and elements of situations," and that the efficiency for adaptation of any functional power is to be judged by "its success, actual or possible, in attaining some end—the quantity and quality of some product produced by it—its value from some point of view." The principle of organization of the tests was therefore sought outside of the individual, in a survey of representative situations to which he commonly adapts himself, and of those inner situations where crowding experiences call for order as an escape from bewilderment. Around each of these situations was formed a group of tests sufficient in number and variety to enable the observer to watch the complex process of adaptation to situations from more than one point of view. The whole set of tests as finally arranged can be given to an efficient person in two hours, and this seems to be a minimum length for the important purpose it is meant to serve. Details of the use made of this set of tests will have to be reserved for a longer article. The device has given good service in the work of social investigation, and in the coming year will be elaborated to cover other growth periods, especially the adolescent and post-adolescent periods, where the Binet and Simon scale is generally conceded to give little help.

The scheme followed in the arrangement of tests for all the growth periods is added here, as well as a table of tests selected, in accordance with this scheme, for the pre-adolescent period. Anyone familiar with the use of tests will see at once that this list of tests can be modified by the substitution of equivalent tests, that may be preferred for some personal or local reason. As it now stands it contains a larger number of Binet and Simon tests than otherwise would have been chosen, because these tests were under inspection during the year as detailed in a following note. Where a Binet and Simon test is used it is followed by its year and number in parenthesis. With slight additions the material is provided for a complete Binet test from eight to twelve years inclusive. So far as possible others of the tests are associated by name with those who originated them or who have made the most noteworthy use of them.

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#### GENERAL SCHEME OF THE EFFICIENCY TEST.

##### Group I. Establishment of General Habits and Relations.

1. Personal identity.
2. Location in time and place.
3. Use of language symbols.
4. Use of number symbols.
5. Personal reminiscence.

##### Group II. Readiness in Making New Adjustments.

1. Immediate auditory recall.
2. Uniform repetition of a graphic sign.
3. Skill and method in motor adjustment.
4. Immediate visual recall.
5. Exact reproduction of word pictures.

Group III. Continuous Effort in the Process of Adjustment.

1. Scope of impression including recognition of relations.
2. Delicacy of motor control.
3. Rapid identification of a given symbol in confusing relations.
4. Close attention to a series of minute directions.
5. Reassembling of distributed language material.

Group IV. Ability to Construct under Controlled Conditions.

1. Continuous number work in simple forms.
2. Use of numbers in calculating.
3. Pattern making.
4. Fitting materials together under fixed conditions.
5. Narration based on given material.

Group V. Purposive Control of the Thinking Processes.

1. Consistent completion of a partial statement of fact.
2. Incorporation of given words in a consistent statement.
3. Selection of precise alternatives.
4. Freedom and fluency in verbal recall.
5. Correctness and comprehensiveness in description.

Group VI. Precision in Dealing with Likeness and Difference.

1. Totality of impression.
2. Recall of variations in similar objects.
3. Definition of objects in terms of experience.
4. Detection of inconsistencies.
5. Concrete application of general ideas.

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TESTS SELECTED FOR THE PRE-ADOLESCENT PERIOD.

Group I. Establishment of General Habits and Relations.

1. Name and address. Place of birth.
2. Day and date (8:4). Months of the year (9:4). Date of birth.
3. Handwriting, punctuation, spelling, vocabulary and grammar of the written work.
4. Counting forward and backward by rote and by skips (8:2).
5. Family history. Personal history. School history. Employment. Other personal data.

Group II. Readiness in Making New Adjustments.

1. Recall of figures (8:5).
2. Making crosses or other graphic signs.
3. Peg Board.
4. Reproduction of geometrical forms (10:2).
5. Reproduction of sentences (15:3).

Group III. Continuous Effort in the Process of Adjustment.

1. Recall of objects (Kirkpatrick). Grouping of objects.
2. Arranging weights (Galton; 10:1). Estimating lengths (12:1).
3. Cancellation test (Bourdon).
4. Directions test (Woodworth).
5. Mixed sentences (12:5).

Group IV. Ability to Construct under Controlled Conditions.

1. Continuous addition (Kraepelin; Simpson).
2. Simple calculations.
3. Paper tearing (Adult:1).
4. Form board (Seguin). Construction puzzle (Healy).
5. Invention of story with given objects.

Group V. Purposive Control of the Thinking Processes.

1. Sentence completion (Ebbinghaus; 9:5; 10:4).
2. Incorporation of three given words in a sentence (Masselon; 10:5; 12:2).
3. Writing opposites (Thorndike).
4. Free word production (Jastrow; 12:3).
5. Description of pictures (7:2; 15:4).

Group VI. Precision in Dealing with Likeness and Difference.

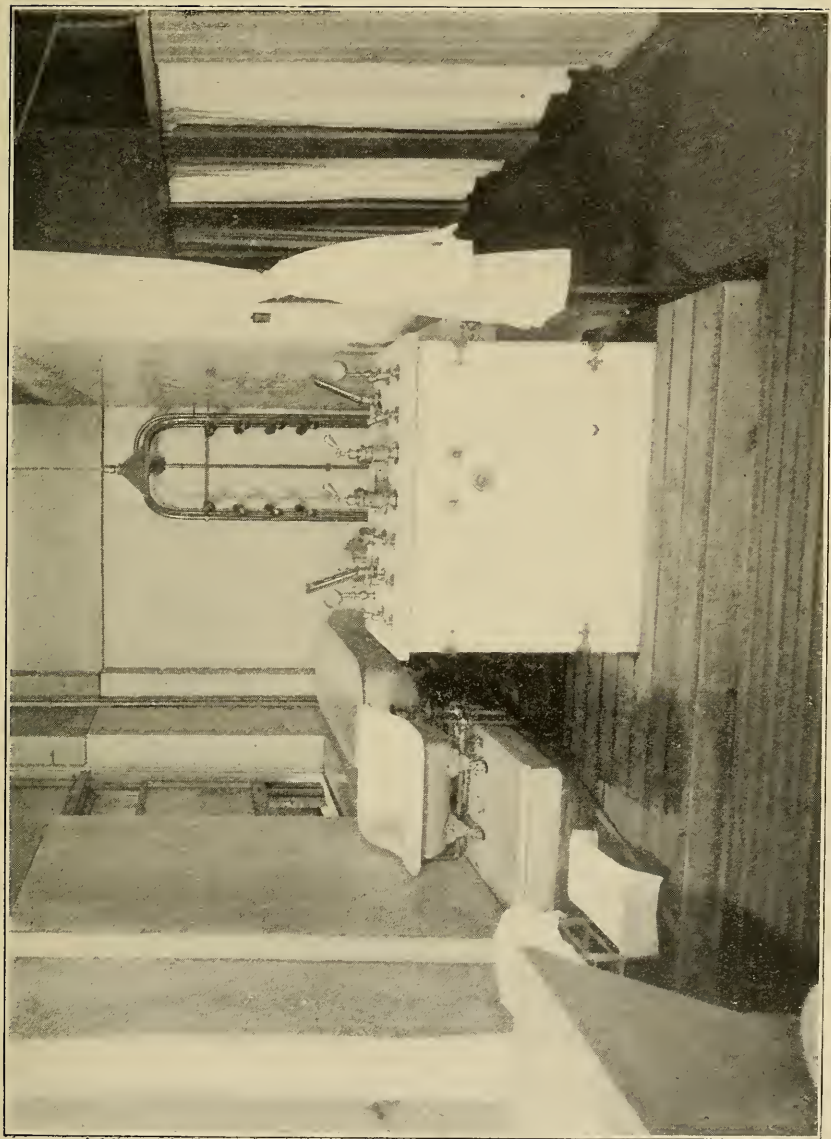
1. Omissions in pictures (8:3).
2. Comparison of remembered objects (8:1).
3. Definitions above use (9:2).
4. Detection of absurdities (10:3).
5. Use of abstract terms (12:4).

A number of the tests included in this table were devised or arranged for the special purposes of this clinic.

II. 2. Uniformity of manual work is tested by making a series of simple crosses in a four by five inch enclosure for two minutes. This we consider a better test than handwriting, as it calls for the same sort of ability, is completely learned with the making of two crosses, is usually unaffected by previous training, and is much more easily graded than handwriting, quality being considered of greater importance than quantity. The test can be made one of increasing degrees of difficulty by using graphic signs with more lines and differing angles, as a triangle, square or other geometrical form.

II. 3. An equivalent for the co-ordination test with the three hole pegging apparatus is found in the primary peg board with 100 holes used in kindergartens, which can be pegged by a good subject in 55 to 65 seconds. The subject becomes familiar with the apparatus at once; he gets sufficient practice by pegging one row of holes; any peculiarity in his movements, such as might arise from chorea, is very obvious in this 100 repetitions of a simple movement; and his adjustment to the whole situation is shown by the plan adopted to cover the entire field.





HYDRO-THERAPEUTIC ROOM



DISPENSARY RECEPTION ROOM



III. 1. A simple and satisfactory substitute for word or pictured object memory tests is found in the recall of a series of ten actual objects which are exposed for a brief time and are then to be recalled in order. The objects used are of small size and represent a hat, car, dog, shoe, horse, gun, chair, hatchet, cup, chicken. A subject of this age who receives good visual impressions can recall at least eight out of the ten in the given order.

The same objects are presented again to be arranged in small groups on the basis of greatest similarity. The most advantageous result of this test is obtained by comparing the two responses. Many persons who can easily recall ten objects in order can make no good associations between the objects, and a valuable check is obtained on the part played by visual impressions in the entire series of tests.

IV. 5. Considerable information may be gained about the free activity of the subject by carrying further the observation made in sentence building and picture interpretation. For this we call for the construction of a short story, and in order to arouse interest and present the foundation material for the story, we give a set of small objects that are easily combined into an interesting situation. The necessity of making the story conform to the limits of the chosen situation serves as a good basis of comparison between different individuals.

V. 4. The simplest and most spontaneous form of word association test we have found is the rapid writing of a list of words for ten minutes. Not much has been heard of this test since its introduction by Jastrow, who used it as a possible measure of difference between mental processes in the sexes. It has seemed in our experience to have wider uses which warrant its restoration to the list of tests in common use. In our experiments with word association tests we have found that they are of little practical value except where the states of mental activity are widely differentiated from the normal, and that such states of mind are rather better illustrated by this free word production test than by the introduction of any time measures.

The department of social research will be glad to correspond with anyone who is interested in these tests, or in the general matter of efficiency tests, and to co-operate in furnishing material for the tests and in suggesting methods for administering them.

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#### Note on the Use of the Binet and Simon Age Scale.

The general position reached, in our experiments, toward the use of the Binet and Simon scale is clear from the preceding note. It belongs to a general literature of tests which is rapidly being extended. Not all of the tests in the scale were devised by Binet and Simon, as they, too, drew freely on the literature of tests. Practically none of the tests was submitted by these authors to a rigorous

process of testing in the manner exemplified by Thorndike and others. There has been a steady inquiry from many sources as to whether the age scale was being used, and whether it has proved of value, in connection with a neurological clinic. Under these circumstances it seemed wise, at the beginning of this year, to come to some conclusion with regard to the usefulness of this scale, on other than theoretical grounds, and to gather material for a basis of judgment from our local sources rather than to depend on the experience of others. It was found possible to do this without undue outlay of time and effort, in connection with our regular examinations, since many of the tests in the age scale are good, and are fair equivalents for general purposes of observation, of other tests that might have been selected. It has been our practice in addition to our regular test to give any other tests that might be needed to make out a complete Binet and Simon scale. In this way the Binet and Simon test has been given during the year to 506 persons of different ages and with a great variety of physical and mental ailments. Out of this number, however, 79 were supposedly normal boys from the fourth and fifth grades of a public school. These same boys had the fuller scheme of tests, so that a basis of comparison was established between what might be called a well group and a sick group. A further inspection of the Binet and Simon scale will be carried on, and will have to do with the selection of certain groups of nervous disorders, in which a sufficient number of cases will be built up to make it possible to say definitely, as has been done in the case of epilepsy, what is the exact value of this scale in a number of situations where there is a divergence from ordinary health and efficiency. The details of the work already done with the scale will have to be given elsewhere. All that can be done in a report of this length is to set down a record of an experience in a representative and interesting situation, and some of the general conclusions reached.

1. After trying a series of 200 tests according to the Goddard revision there seemed to be a decided advantage in returning to the 1911 edition of the Binet and Simon scale, as having greater internal consistency and as lending itself more readily to general interpretation.

2. This is not to be taken as suggesting that the Goddard revision is not a good age scale, or not as good as the Binet and Simon scale, but as a suggestion that the way out of the difficulties inherent in any age scale is not to be found by having a confusing number of revisions, but to go at the whole matter of tests in the broad way made possible by the rapidly growing number of good and well tried tests. The Goddard revision seems from this point of view to be of local rather than of general interest.

3. Another conclusion from this experience with the scale is, that confusion in estimating the results of the test can be avoided only by following, with absolute fidelity, the directions in the original article by Binet and Simon, which may now be had in a good English translation. It is a common experience to come upon an over-estimate resulting from unconscious coaching by an inexperienced examiner, who seeks to make the test an interesting experience for the subject.

4. The 1911 age scale accomplishes in part one of Binet's original purposes, which was to bring out individual differences in mental efficiency. In the hands of a trained examiner the tests included in the scale can be used in such a way as to make possible some good observations of the reactions of a subject. This result, which is dependent on the ability of the examiner and on skill gained in the giving of more

exact tests, is always superior in interest to any result to be gained by an exact dealing with the age scale itself.

5. The scale does not accomplish with any great degree of success the second of Binet's original purposes, which was to secure a correlation between the psychical processes carried on by an individual. It lacks sufficient variety for this purpose, and in many ages or even groups of ages, leaves unexplored some of the most fertile opportunities for the study of correlation of abilities. No particular light is thrown by the scale on the learning process, or on the reasons for mental retardation or mental deterioration.

6. The age scale has a certain value in permitting a definite record to be made of a loosely related set of efficiencies, in place of a vague description or recollection. Making some allowances for difference in examiners, this forms a fair medium for the exchange of ideas between different observers, and it is probable that this explains in great measure the wide popularity of the tests. It has not been found that the Binet and Simon scale furnishes a sufficiently complete record to be of service in the exact study of widely varied types of mental efficiency or inefficiency, such as are met in a neurological clinic.

7. The most satisfactory use found for the scale for clinical purposes has been to give it always in connection with definite growth periods. Thus, if the tests are given for one year in the pre-adolescent period, they should be given for all the years in that period. The scale has considerable integrity from this point of view in its middle section, and to use it in this way obviates most of the criticisms as to the proper placing of the tests in the scale. It is usually found that a person who fails in the tests covering one of the growth periods makes an unsatisfactory progress through the succeeding period. That Binet himself regarded such a use of the scale worthy of serious consideration is shown by an article in his *Année Psychologique* for 1912 from the Psychological Laboratory of Milan.

8. There are few provisions in the Binet and Simon presentation of the scale against the possibility of using it without properly considering the problem of the individual under observation. Solicitude for the further development of efficiency tests would seem to suggest a firmer emphasis on these facts: that no test has any significance in itself; that tests are at best only aids to the interpretation of a thoroughly studied situation; that no test has any validity that does not bear directly on the problem of adaptation to situations; that the final worth of the test depends on the environment in which it is found, which is first the environment furnished by a well formulated individual problem, and second the environment furnished by a number of other tests, so arranged as to give a series of checks on the fragmentary information secured from the single test. While the middle tests in the Binet and Simon scale seem to show some recognition of these criteria, the later tests are from this point of view pretty much out of alignment.

9. Except for the very limited and popular uses noted it is not possible to place a high value on the scale. It is not complete enough to be of use as a general efficiency test. It is still less suited for use in mental diagnosis. Its measures are too rough for any exact purpose in estimating degrees of inferiority, and when applied by inexperienced persons, or persons lacking in due caution, are apt to raise unnecessary or harmful prejudice. It may be possible to use them in such a way as to separate children into classes and designate them as idiots, imbeciles and morons, but numberless cases come up in connection with the neurological clinic where the application of such measures of in-

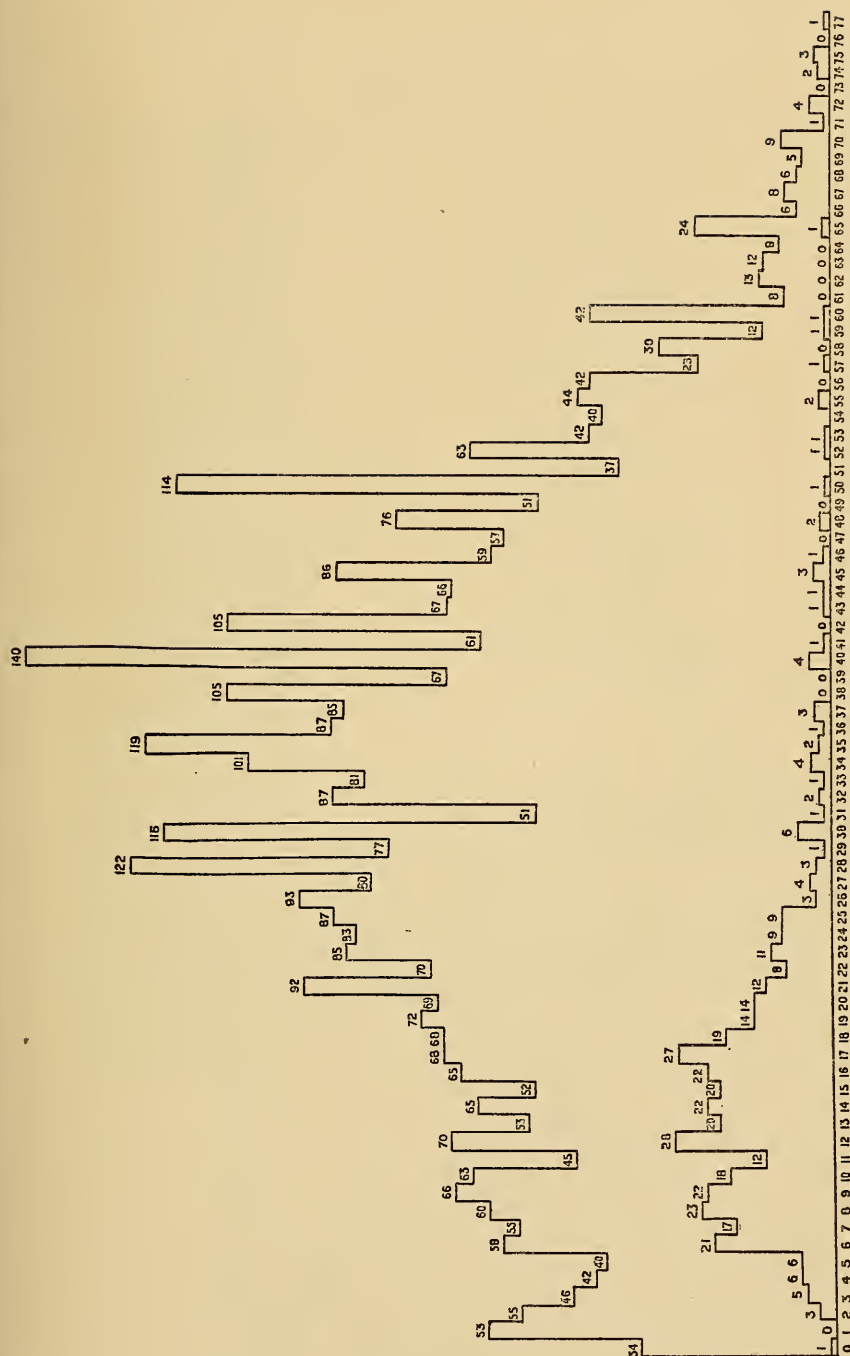
telligence would be both misleading and prejudicial to the best interests of a patient.

10. Although it is outside the strict province of this note, the experience had in using the scale with a group of normal children suggests that it has great limitations as an instrument for educational diagnosis. There is, at least, an implication that, if the so-called mental age of a child can be determined, he can then be properly placed with regard to his school opportunities, and that this settles satisfactorily the whole question of what can be done to develop his full efficiency. Many instances could be cited from this clinic where a complete but wholly unwarranted satisfaction was derived by teacher or parent from the results of this loose use of the scale.

Briefly summarized, the use of the Binet and Simon scale in connection with a neurological clinic indicates that, in the hands of a skilled observer, it has a limited value for exploratory and descriptive purposes, but that it is neither exact enough nor complete enough to form an adequate basis for a diagnosis of mental efficiency or mental deficiency, or to serve as a basis for a social or educational diagnosis which has inherent uses for practical ends; that its validity is subject to serious question whenever it is used as other than an elementary device for partially trained or hard pressed observers; and that anyone who has a moderate training and sufficient perseverance can get much more satisfactory results by drawing freely on the individual tests in the scale, and supplementing these from the general storehouse of tests that can be found in such an available source as the new edition of Whipple's Manual of Mental and Physical Tests.

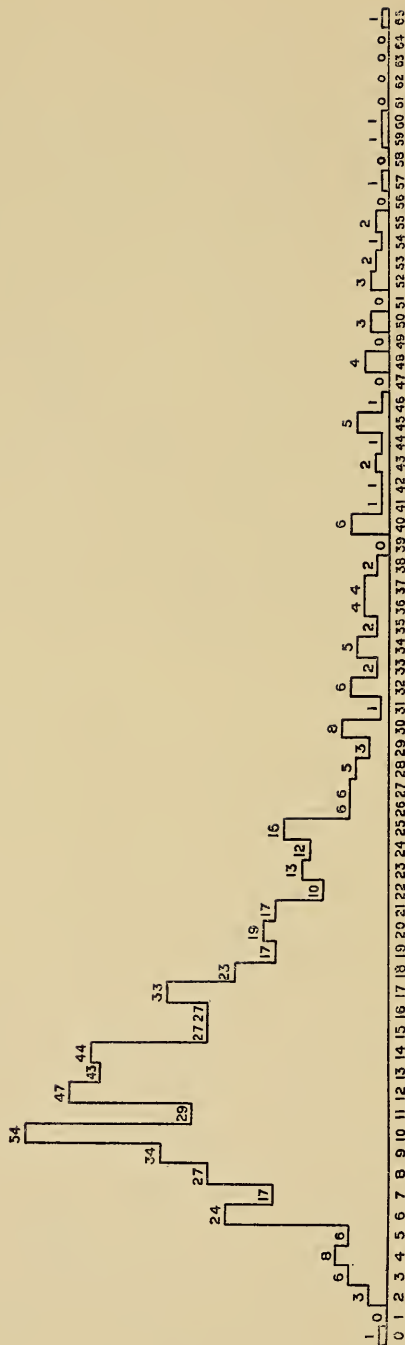
FREDERICK W. ELLIS.





The figures below the straight line represent ages from under 1 year to 77 years. The figures on the upper broken line represent the number of persons of each age enrolled in the Dispensary. The figures on the lower broken line represent the number of dispensary patients referred to this department.

DIAGRAM No. 2



The figures below the straight line represent ages from under 1 year to 65 years. The figures above the broken line represent the total number of persons from all sources enrolled in this department.



## DONATIONS.

Donations of money were received during the year ending November 30, 1913, from the following:

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James B. Ford	Mrs. Arthur H. Scribner
Mrs. William Goddard	Arthur H. Scribner
Daniel Guggenheim	Chas. Lewis Slattery
Mrs. Charles Harkness	Charles Robinson Smith
Charles Harkness	William Salomon
G. G. Haven, Jr.	Artemus Ward
Mrs. Amory G. Hodges	Mrs. Elizabeth Warren
Edward C. Hoyt	Mrs. Jesse Weinberg
Mrs. Hope Goddard Iselin	Henry Wellman

Contributions were made in connection with the Social Service work by the following:

Walter G. Ladd, R. P. Perkins and R. H. Williams.

During the year the Institute also received jellies, books, magazines, dolls, games, puzzles, toys, leather, rubber matting, raphia, clothing, cut flowers, plants, roof flowers, Christmas decorations, Easter decorations, new Underwood typewriter, laboratory apparatus and high frequency apparatus, from the following persons, viz.:

Miss Hencken, Mrs. W. G. Ladd, Mr. R. P. Perkins, Mr. Samuel Hunter, Mr. Amory G. Hodges, Mr. Gordon Willis, Mrs. Brown, Mrs. R. H. Williams, Mrs. Hugh Rodger, Miss Margaret C. Green, Mrs. Cockcroft, Mrs. M. B. Field, Mr. Edward Solomon, Mrs. Amory G. Hodges, Mrs. John C. Burns.

Mrs. Henry L. Wilson sent her automobile several days to give rides to ward patients.









## Form of Bequest

I give and bequeath to the NEUROLOGICAL INSTITUTE OF NEW YORK, a corporation created in the year 1909, under the Laws of the State of New York, or to the Treasurer thereof for the time being, for its corporate purposes, the sum of. .... dollars.

---

## Form of Devise of Real Estate

I give and devise to the NEUROLOGICAL INSTITUTE OF NEW YORK, a corporation created in the year 1909, under the Laws of the State of New York, for its corporate purposes, all that, etc (Here describe the property.)



FILE COPY  
NOT TO BE TAKEN  
FROM ROOM  
HARRISON WILLIAMS

M. COLLECTION

**FIFTH ANNUAL REPORT**

OF

**THE NEUROLOGICAL  
INSTITUTE**

OF

**NEW YORK**

**FOR THE YEAR ENDED  
NOVEMBER 30, 1914**

**NEW YORK CITY  
149-151 EAST 67TH STREET**













FIFTH ANNUAL REPORT  
OF  
THE NEUROLOGICAL  
INSTITUTE  
OF  
NEW YORK

FOR THE YEAR ENDED  
NOVEMBER 30, 1914

NEW YORK CITY  
149-151 EAST 67TH STREET

**THE NEUROLOGICAL INSTITUTE  
OF NEW YORK**

For the Study and Treatment of Nervous and  
Mental Diseases

Incorporated 1909

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For the Year Ending November 30, 1915.

OFFICERS AND TRUSTEES.

ROBERT P. PERKINS,  
*President.*

HARRISON WILLIAMS,  
*Treasurer.*

SHERMAN DAY,  
*Secretary.*

---

EXECUTIVE COMMITTEE.

AMORY G. HODGES

WALTER G. LADD

The PRESIDENT and TREASURER, *ex-officio.*

---

TRUSTEES.

CHARLES L. DANA, M.D.

THEODORE ROOSEVELT, JR.

SHERMAN DAY

THOMAS F. RYAN

AMORY G. HODGES

CHARLES SCRIBNER

H. K. KNAPP

FRANK G. THOMSON

WALTER G. LADD

ROBERT THORNE

CLARENCE B. MITCHELL

ISAAC TOWNSEND

ROBERT P. PERKINS

HARRISON WILLIAMS

RICHARD H. WILLIAMS

For the Year Ending November 30, 1915.

### MEDICAL BOARD.

JOSEPH COLLINS, M.D.  
FREDERICK PETERSON, M.D.  
PEARCE BAILEY, M.D.  
CHARLES A. ELSBERG, M.D.

---

### CONSULTANTS.

#### Neurologists.

CHARLES L. DANA, M.D. J. RAMSAY HUNT, M.D.

#### Alienist.

WILLIAM MABON, M.D.

#### Physicians.

WALTER B. JAMES, M.D. VAN HORNE NORRIE, M.D.

#### Surgeon.

ROBERT ABBE, M.D.

#### Gynecologists.

J. CLIFTON EDGAR, M.D. JAMES W. MARKOE, M.D.

#### Dermatologist.

JOHN A. FORDYCE, M.D.

#### Orthopedic Surgeon.

VIRGIL P. GIBNEY, M.D.

#### Laryngologist.

WILLIAM LEDLIE CULBERT, M.D.

#### Otologist.

EDWARD BRADFORD DENCH, M.D.

#### Ophthalmologist.

WARD A. HOLDEN, M.D.

For the Year Ending November 30, 1915.

**MEDICAL STAFF.**

**FIRST DIVISION.**

JOSEPH COLLINS, M.D.,  
*Physician to the Neurological Institute.*

EDWIN G. ZABRISKIE, M.D.,  
*Assistant Physician to the Neurological Institute.*

C. BURNS CRAIG, M.D.,  
*Chief of Clinic.*

TEDROW J. KEYSER, M.D.,  
*Resident Physician.*

**Assistants in Outdoor Department.**

CARLETON YATES FORD, M.D.	MERRITT W. BARNUM, M.D.
JAMES L. JOUGHIN, M.D.	ARMITAGE WHITMAN, M.D.
HENRY K. MARKS, M.D.	FILIPPO CASSOLA, M.D.

---

**SECOND DIVISION.**

FREDERICK PETERSON, M.D.,  
*Physician to the Neurological Institute.*

R. FOSTER KENNEDY, M.D.,  
*Assistant Physician to the Neurological Institute.*

JUNIUS W. STEPHENSON, M.D.,  
*Chief of Clinic.*

RUSSELL G. MACROBERT, M.D.,  
*Resident Physician.*

**Assistants in Outdoor Department.**

ROBERT E. POU, M.D.	F. DE L. MYERS, M.D.
N. I. GOTTBATH, M.D.	LOUIS BISCH, M.D.
G. F. BOEHME, M.D.	

---

**THIRD DIVISION.**

PEARCE BAILEY, M.D.,  
*Physician to the Neurological Institute.*

WALTER TIMME, M.D.,  
*Assistant Physician to the Neurological Institute.*

HANSON G. OGILVIE, M.D.,  
*Chief of Clinic.*

E. N. DAVIDSON, M.D.,  
*Resident Physician.*

**Assistants in Outdoor Department.**

THADDEUS H. AMES, M.D.	NORMAN SHARPE, M.D.
------------------------	---------------------



For the Year Ending November 30, 1915.

**SURGICAL STAFF.**

CHARLES A. ELSBERG, M.D.,  
*Surgeon to the Neurological Institute.*

ALFRED S. TAYLOR, M.D.,  
*Associate Surgeon to the Neurological Institute.*

**Assistants to the Surgeon.**

HAROLD NEUHOF, M.D.

JAMES H. KENYON, M.D.

WILLIAM SHARPE, M.D.

---

**LABORATORY DIRECTORS.**

**Clinical and Research.**

DAVID M. KAPLAN, M.D.

**Histological and Neurological.**

EDWIN G. ZABRISKIE, M.D.

**Roentgenographer.**

ARCHIBALD P. EVANS, M.D.

**Director of Social Research.**

MR. FREDERICK W. ELLIS.

*Associate in Psychological Research.*

E. HELEN HANNAHS.

---

**THERAPEUTIC DEPARTMENT.**

**In Charge of Applied Therapeutics.**

R. G. CANNADY, M.D.

*Resident Interne.*

---

**HEADS OF THERAPEUTIC DEPARTMENTS.**

**Hydrotherapy.**

HELEN O'BRIEN

ARTHUR BROTHSCHNEIDER

**Massage and Mechanotherapy.**

CHARLES NELSON

ANNA LARSEN

HJORDIS CHRISTOPHERSEN

MARIE STANBERY

J. E. DESSLE

**Gymnastics.**

HENRY NEIDEREE.

For the Year Ending November 30, 1915.

Superintendent and Supervisor of Nurses.  
ESTHER F. RIVINGTON, R.N.

Assistant Superintendent.  
M. GERTRUDE DWYER, R.N.

Cashier.  
EDWARD A. POWERS.

Registrar.  
A. ROBINSON.

Housekeeper.  
ARVILLA VAN ZANDT.

Night Supervisor.  
LILLIAN M. HAM, R.N.

Dispensary Supervisor.  
BESSIE M. TANNER, R.N.

Private Floors.  
MARY H. HEIMAN, R.N.

Women's Wards.  
ETHEL FISHER.

Men's Wards.  
SUSAN W. TAYLOR, R.N.

The Following Reports and Statistics are all for the Year  
Ended November 30, 1914

## REPORT OF THE EXECUTIVE COMMITTEE.

---

*To the Trustees of the Neurological Institute of New York:*

*Dear Sirs*—The end of the fifth fiscal year of the Neurological Institute finds the Institute in about the same position as a year ago. We have taken care of a few more patients and given a great many more treatments. The Executive Committee are more than ever convinced of the great need of an institution of this sort in New York City. They feel that the good that can be done is only limited by the facilities that the Institute has. We can develop no further in our present quarters.

The Board of Trustees understand fully the situation, and we trust that as individuals and as a body they will endeavor to raise funds for a new building. It is our opinion that the work done in the Institute in the past year is fully up to the standard established in past years.

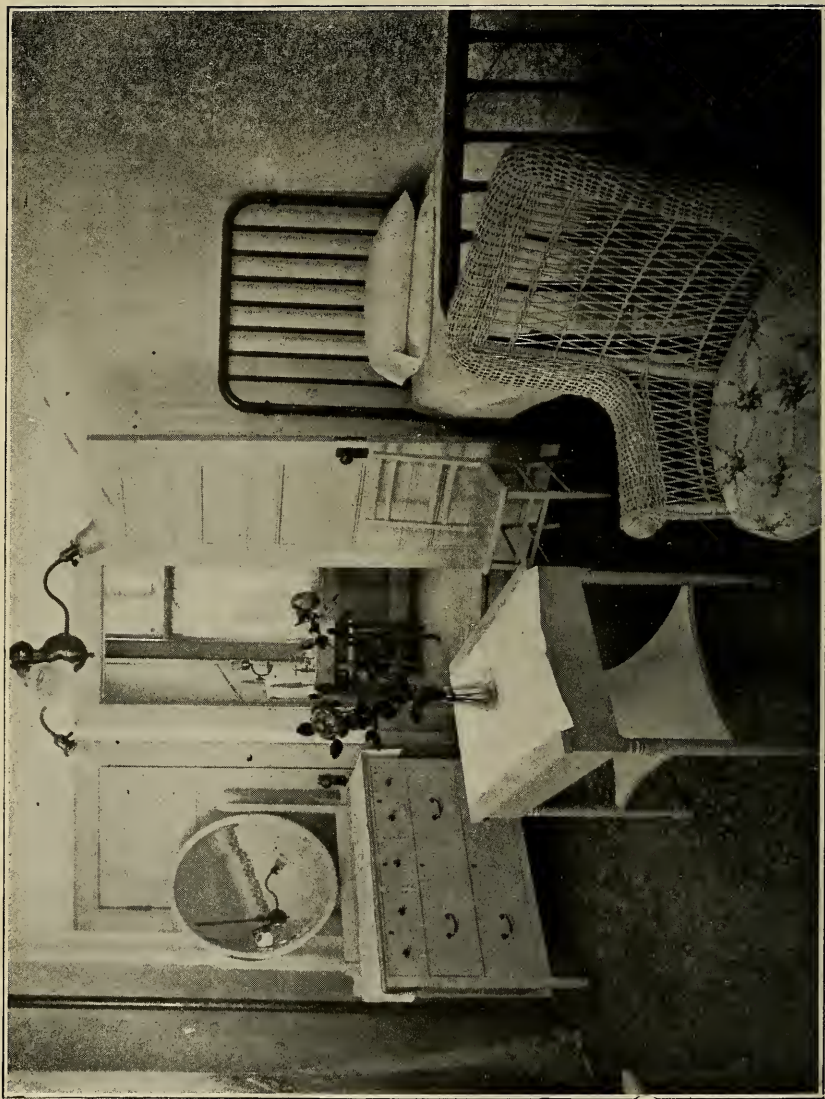
Respectfully submitted,

R. P. PERKINS,

*Chairman of Executive Committee.*



LABORATORY



PRIVATE ROOM WITH BATH



## REPORT OF THE MEDICAL BOARD.

---

*To the Trustees of the Neurological Institute of New York:*

*Gentlemen*—On behalf of the Medical Board I take pleasure in presenting a report embodying the work of the Neurological Institute for its fifth year ended November 30, 1914.

Begun in 1909 as an experiment to determine the need of a special hospital for nervous diseases, each succeeding year has served to demonstrate more and more forcibly the importance of such an institution in New York. The facts which led the founders to this undertaking were briefly; that there is no hospital of the kind on this continent; that general hospitals do not and cannot provide adequately for the care and treatment of nervous disorders; that these particular diseases require, both for diagnosis and treatment, a special knowledge which the general practitioner, with the constant growth of medical science in so many directions cannot be expected to attain, and particular therapeutic methods which can only be made accessible in a specially equipped hospital; and finally that the vast number of cases of nervous disease particularly among the poor was for these reasons being everywhere neglected.

The Neurological Institute was opened for the reception of patients five years ago. The building rented for the purpose (formerly the nurses' home of a noted general hospital) was a seven-story fire-proof structure in which after remodeling some eighty to ninety ward and private patients could be housed, after using much of the space for the outdoor department (ground floor), operating room, pathological laboratory, serological laboratory, Zander Institute, hydrotherapeutic and massage rooms, electro-therapeutic quarters, hot air and baking room and offices for the medical staff, administration and social service departments. A good roof afforded ample space for a roof-garden and two rooms for the various arts and crafts of the occupation department.

Small as the hospital itself is there is no institution in the world better equipped for the purposes to which it is devoted.

The building, however, was never intended for a hospital and its situation between lofty apartment houses on two sides, a

large public school on one side and a high police station and engine house on the fourth side makes it necessary to secure as soon as possible a more suitable location and a building commensurate with the growing needs and importance of the Institute.

The Trustees may look with pride upon what, despite all drawbacks this Institute has accomplished in the past five years.

From the very date of opening to the present time the number of patients availing themselves of the hospital has constantly increased, the out-put of scientific work by the staff has grown greater year by year, the Institute has gained an international reputation as a scientific centre, and the continued spread of its benevolent influence is being more and more commented upon as the years pass.

The Institute has, of course, been non-sectarian in all respects and patients of every nationality and creed are received. More than two-thirds of the patients treated are of the Jewish persuasion.

The following statistics for the five years will afford some idea of the gradual and surprising growth of the hospital:

	1910.	1911.	1912.	1913.	1914.
Number of In-patients.....	825	1,185	1,378	1,819	1,798
Number of Out-patients.....	3,145	3,557	3,865	4,253	4,753
Number of Treatments given	13,208	22,335	27,658	29,954	34,759
Number of Operations performed.....	70	90	78	104	81

NOTE: The slight reduction in 1914 of in-patients and of operations performed was due to the abolition of free beds.

These figures, better than mere statements, reveal clearly that the hospital has filled a real need, and that its service is meeting with a constantly growing recognition in the community, and they should be convincing arguments with the charitable public and lead them to come forward with help in the betterment of our facilities for the care and treatment of this hitherto neglected class of patients.

We need a new and better hospital on a site accessible and open to the air and sun. We need larger and roomier quarters for the enormous crowds of outdoor patients, often numbering two hundred in an afternoon. Our outdoor department has been

criticized by the State Board of Charities for its over-crowding, but we can do no better in the present building. We require more wards for the poor and better rooms for the private cases that now come to us from every state. We should add to our laboratories and build up the research department on lines similar to those of the Rockefeller Institute, adding space to our present pathological and serological laboratories, and providing additional laboratories for chemical, psychological and sociological work. We should have better roof-gardens and more room for the development of the arts and crafts. Our therapeutic rooms, especially those for hyprotheraphy, electrotherapy, and mechanotherapy are very much congested with both apparatus and patients.

On behalf of the medical staff of the Institute numbering with the Consultants nearly fifty members, I should like to say that too much praise cannot be given them for their assiduous service in the wards and dispensary, and for the excellent contributions to medical science made by them each year in books, pamphlets and periodicals.

Their work, given without other reward than that of the honor of being connected with the Institute and the experience they gain in the study and treatment of our vast material, has done everything to further the interests of the hospital, to draw to it those seeking relief from serious disorders, and to spread its reputation everywhere as a centre of earnest and painstaking effort for the advancement of science and for the service of mankind.

We have granted leave of absence to one of our medical staff to go abroad for some months to study injuries to the brain, spinal cord and nerves in connection with one of the base hospitals to which come the unfortunate victims of gun shot wounds in the Great War.

The work done in all departments during the past year has been of such high order that it would be difficult to single out any for special commendation. I cannot forbear, however, to make particular mention of the Department of Social Service in which Mr. Ellis and his corps of assistants have done admirable work, both in the field of social service and in that branch of psychology dealing with the feeble-minded.

The Medical Board hitherto consisting of the three neurologists at the head of the three divisions, has been enlarged by the addition to it of the Surgeon to the Institute, so that it now consists of four members.

Respectfully submitted,

FREDERICK PETERSON,  
*Secretary of the Medical Board.*

## HOSPITAL STATISTICS

# Number of Patients Admitted to the Hospital According to Services.

SERVICE	ADMITTED			TOTAL TREATED			DISCHARGED			RECOVERED OR IMPROVED			NOT IMPROVED			NOT TREATED			DIED			REMAINING IN HOUSE NOV. 30, 1914		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
1st Div....	494	340	834	419	296	715	479	322	801	310	217	527	167	74	241	75	44	119	2	2	4	15	18	33
2nd Div...	387	197	584	363	184	547	369	198	567	353	167	520	16	16	32	24	13	37	3	3	6	15	11	26
3rd Div...	204	176	380	141	126	267	190	166	356	130	115	245	60	51	111	63	50	113	4	3	7	10	7	17
	1085	713	1798	923	606	1529	1038	686	1724	793	499	1292	243	141	384	162	107	269	9	8	17	40	36	76



### Number of New Patients in Dispensary.

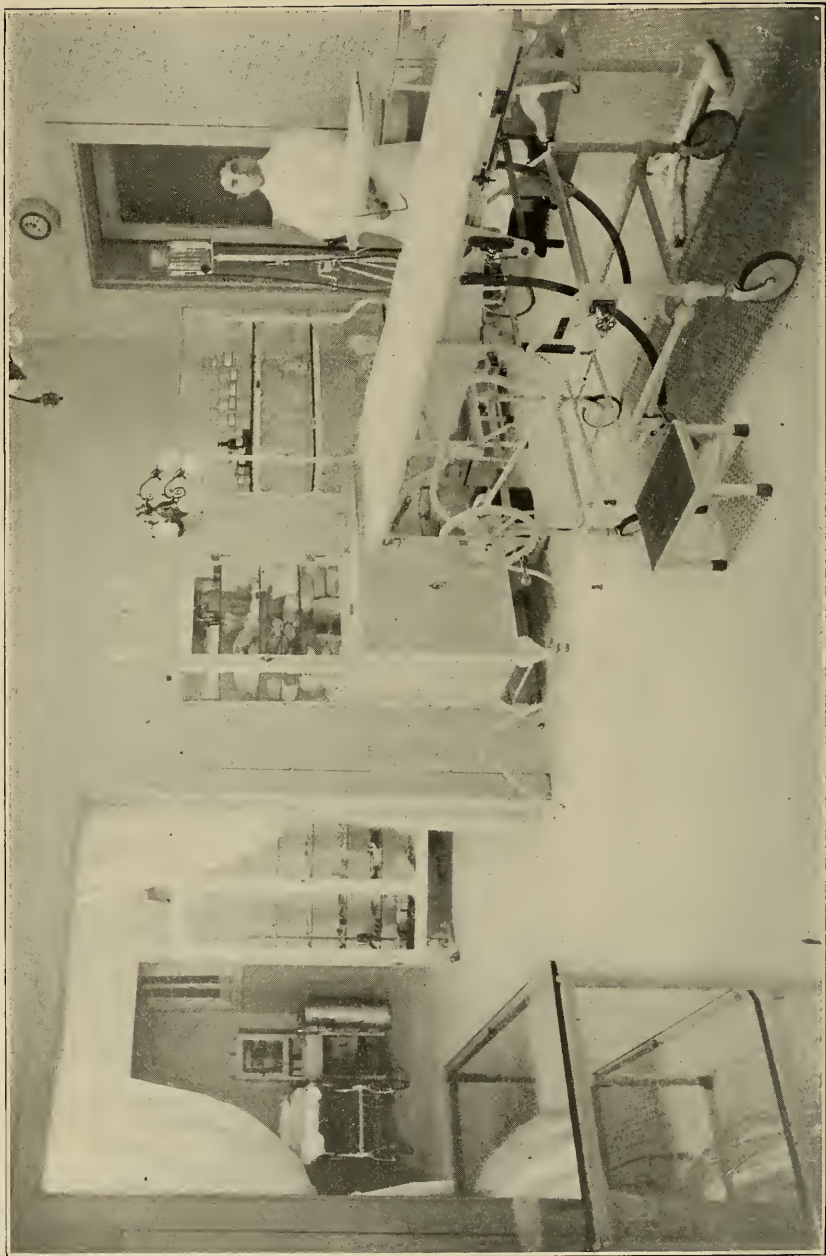
	1ST DIVISION			2ND DIVISION			3RD DIVISION		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
December .....	49	76	125	56	56	112	51	58	109
January .....	48	57	105	63	70	133	55	56	111
February .....	49	39	88	44	45	89	41	43	84
March .....	60	72	132	54	53	107	61	55	116
April .....	81	82	163	59	67	126	58	69	127
May .....	71	111	182	74	82	156	75	83	158
June .....	82	78	160	78	75	153	83	70	153
July .....	88	98	186	73	69	142	68	54	122
August .....	56	97	153	73	62	135	49	58	107
September .....	49	62	111	61	73	134	64	68	132
October .....	70	99	169	79	89	168	62	64	126
November .....	71	78	149	62	57	119	60	51	111
Total.....	774	949	1723	776	798	1574	727	729	1456

### Total Treatments.

	Hydrotherapy	Electrotherapy	Mechano- therapy	Massage	Baking	Total
December .....	863	957	123	656	272	2,871
January .....	926	1,055	162	560	207	2,910
February .....	763	922	113	432	220	2,450
March .....	1,004	1,027	105	446	242	2,824
April .....	973	1,061	91	515	316	2,956
May .....	979	1,072	128	581	370	3,130
June .....	1,124	1,079	164	442	336	3,145
July .....	991	915	95	539	251	2,791
August .....	811	760	88	620	331	2,610
September .....	952	929	75	617	365	2,938
October .....	877	1,094	122	690	306	3,089
November .....	992	1,042	124	557	330	3,045
						34,759



PORTION OF ROOF GARDEN



OPERATING ROOM

# Cases Treated.

	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
Aphasia .....	3	1	4
Bone, joint and muscle diseases.....	27	21	48
Brain diseases, miscellaneous.....	34	21	55
Hydrocephalus.			
Encephalitis.			
Cerebral arteriosclerosis.			
Developmental defects.			
Brain Tumor.....	21	10	31
Cardio Vascular system.....	25	10	35
Heart diseases.			
Arteriosclerosis general.			
Angio-neurotic group.			
Constitutional inferiority.....	10	14	24
Psychopathy.			
Backward children.			
Imbeciles and idiots.			
Stutterers and stammerers.			
Chorea .....	18	22	40
Cranial nerves.....	6	7	13
Fifth and seventh.			
Dementia praecox.....	13	17	30
Ductless gland diseases.....	4	12	16
Thyroid.			
Pituitary.			
Adrenals.			
Ovaries.			
Epilepsies .....	42	35	77
Ear diseases.....	3	3	6
General paresis.....	104	6	110
Headache .....	10	10	20
Hemiplegia .....	6	9	15
Hysteria .....	14	33	47
Intoxications .....	15	24	39
Auto-intoxication.			
Drugs.			
Alcoholism.			
Lues .....	77	20	97
Medical diseases.....	7	3	10

Meningitis (non-syphilitic).....	2	3	5
Muscular atrophies, dystrophies and myasthenias	9	5	14
Multiple sclerosis.....	22	25	47
Nose and throat.....	1	3	4
Neurasthenia .....	22	37	59
Occupation disorders.....	5	2	7
Paralysis agitans.....	9	3	12
Paranoic states.....	3	5	8
Peripheral nerves.....	43	28	71
Brachial plexus distribution.			
Lumbar plexus distribution, sciatica, etc.			
Multiple neuritis.			
Poliomyelitis .....	3	2	5
Psycho-neuroses .....	24	43	67
Undifferentiated.			
Anxiety neurosis.			
Compulsion neurosis.			
Post operative neurosis.			
Menopause neurosis.			
Tics.			
Psychasthenia.			
Traumatic neurosis.			
Psychoses .....	19	54	73
Manic depressive insanity.....	6	31	37
Spinal cord diseases, miscellaneous.....	20	15	35
Meningo-myelitis.			
Myelitis.			
Combined sclerosis.			
Lateral sclerosis.			
Syringomyelia.			
Spinal cord tumor.....	7	11	18
Surgical diseases.....	1	0	1
Syphilis of the central nervous system.....	128	22	150
Tabes dorsalis.....	304	76	380
Unclassified .....	32	18	50
Vertigo .....	0	0	0
Visceral diseases.....	19	19	38



## Hospital Patients Classified According to Nationality.

	<i>Male.</i>	<i>Female.</i>
Austria .....	101	40
Belgium .....	2	0
Bohemia .....	17	4
Bulgaria .....	0	1
Canada .....	36	6
Cuba .....	1	0
Denmark .....	6	0
England .....	51	27
France .....	9	10
Finland .....	3	0
Germany .....	105	60
Greece .....	4	0
Holland .....	6	0
Hungary .....	43	12
Ireland .....	71	68
Italy .....	73	22
Japan .....	1	0
Norway .....	6	4
Poland .....	3	2
Roumania .....	26	15
Russia .....	140	153
Scotland .....	15	11
Spain .....	13	2
Sweden .....	20	8
Switzerland .....	5	2
Syria .....	1	0
Turkey .....	3	0
United States .....	304	282
West Indies .....	4	0
Total.....	<hr/> 1069	<hr/> 729

## Report of Operations Performed.

Total number of operations.....	81
Deaths* .....	7
Craniotomies .....	34
Exploratory for traumatic epilepsy.....	2
Exploratory for tumor.....	2
Exploratory with subtemporal decompression.....	2
For puncture of corpus callosum, obstructive hydrocephalus .....	6
For puncture of corpus callosum, congenital hydrocephalus	1
For puncture of corpus callosum, and right subtemporal decompression .....	3
For subtemporal decompression, inoperable tumor.....	3
For subtemporal decompression, epilepsy.....	2
For subtentorial exploration and decompression.....	4
For removal of cyst of cerebello-pontine angle.....	1
Aspiration of fluid from brain.....	3
For tumor of hypophysis, transfrontal.....	1
For old fracture of skull.....	1
For intracranial division of branches of trigeminus.....	1
For division of sensory root of trigeminus.....	1
For gasserectomy .....	1
Laminectomies .....	14
Exploratory .....	3
For extradural tumor .....	2
For extramedullary tumor, removal .....	1
For intramedullary tumor, irremovable .....	3
For intramedullary tumor, removal .....	2
For old fracture of spine.....	1
For rhizotomy .....	2
Operations on nerves.....	24
Alcohol injections for tic douloureux.....	20
Stretching of sciatic nerve.....	2
Saline injections for sciatica.....	2

Miscellaneous operations.....	9
(The miscellaneous operations were performed as incidents in the stay of patients in the hospital.)	
Appendicectomy for acute appendicitis.....	1
Ileo-sigmoidostomy .....	1
Brisement forcé .....	3
Excision of specimen from tumor of arm.....	1
Excision of ingrown toe nail.....	1
For hemorrhoids .....	1
For intraperitoneal abscess .....	1

#### Anesthesias:

Gas and ether.  
Local.

#### \*Causes of death:

1. 2 weeks after exploratory laminectomy, ascending myelitis.
2. 3 weeks after exploratory laminectomy, acute softening of cord.
3. 2 weeks after laminectomy and division of posterior roots, from exhaustion and senility.
4. 2 days after exploratory craniotomy for inoperable tumor.
5. 24 hours after suboccipital decompression for inoperable tumor of vermis.
6. 4 weeks after incision and drainage of intraabdominal abscess (abdominal tuberculosis).
7. 3 weeks after exploratory craniotomy for suspected subtentorial tumor.

---

### Dispensary Department.

	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
Aphasia .....	7	4	11
Bone, joint and muscle disease.....	232	261	493
Brain diseases, miscellaneous.....	71	26	97
Hydrocephalus.			
Encephalitis.			
Cerebral arteriosclerosis.			
Developmental defects.			
Brain tumor.....	8	5	13

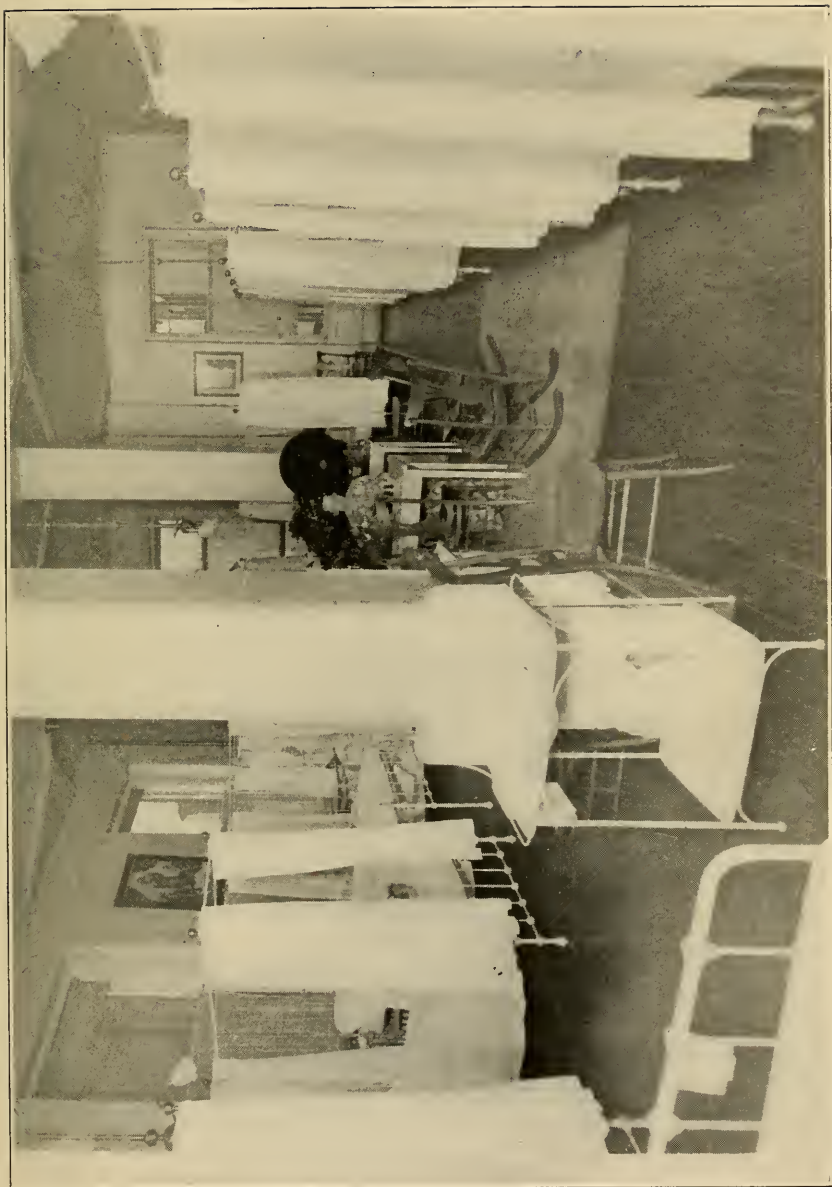
	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
Cardio vascular system.....	80	107	187
Heart diseases.			
Arteriosclerosis, general.			
Angio-neurotic group.			
Constitutional inferiority.....	178	180	358
Psychopathy.			
Backward children.			
Imbeciles and idiots.			
Stutterers and stammerers.			
Chorea .....	85	63	148
Cranial nerves:			
Fifth nerve.....	26	45	71
Seventh nerve.....			
Dementia præcox.....	37	29	66
Ductless gland diseases.....	21	67	88
Thyroid.			
Pituitary.			
Adrenals.			
Ovaries.			
Eye diseases .....	9	6	15
Epilepsies .....	111	107	218
Ear diseases .....	10	10	20
General paresis .....	30	3	33
Headache .....	26	52	78
Hemiplegia .....	29	10	39
Hysteria .....	45	101	146
Insomnia .....	10	20	30
Intoxications .....	79	101	180
Auto-intoxication.			
Lead.			
Drugs.			
Alcoholism.			
Medical diseases .....	123	173	296
Meningitis (non-syphilitic) .....	2	2	4
Muscular atrophies, dystrophies and myasthenias	20	11	31
Multiple sclerosis .....	14	12	26

	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
Neurasthenia group .....	232	206	438
Occupation disorders .....	9	4	13
Paralysis agitans .....	23	14	37
Paranoiac states .....	10	7	17
Peripheral nerves .....	167	139	306
Brachial plexus distribution.			
Lumbar plexus distribution, sciatica, etc.			
Multiple neuritis.			
Poliomyelitis .....	21	18	39
Psycho-neuroses .....	227	312	539
Undifferentiated.			
Anxiety neurosis.			
Compulsion neurosis.			
Post operative neurosis.			
Menopause neurosis.			
Tics.			
Psychasthenia.			
Traumatic Neurosis.			
Psychoses .....	31	80	111
Simple depression.			
Involution melancholia.			
Senile psychosis.			
Infective-exhaustive-toxic psychosis.			
Manic-depressive insanity.....	24	37	61
Spinal cord diseases, miscellaneous.....	21	8	29
Meningo-myelitis.			
Myelitis.			
Combined sclerosis.			
Lateral sclerosis.			
Syringomyelia.			
Spinal cord tumor.....	2	6	8
Surgical diseases .....	5	25	30
Syphilis of the central nervous system.....	80	27	107
Tabes dorsalis .....	81	29	100
Tremors .....	0	1	110
Unclassified .....	122	125	247
Vertigo .....	1	1	2

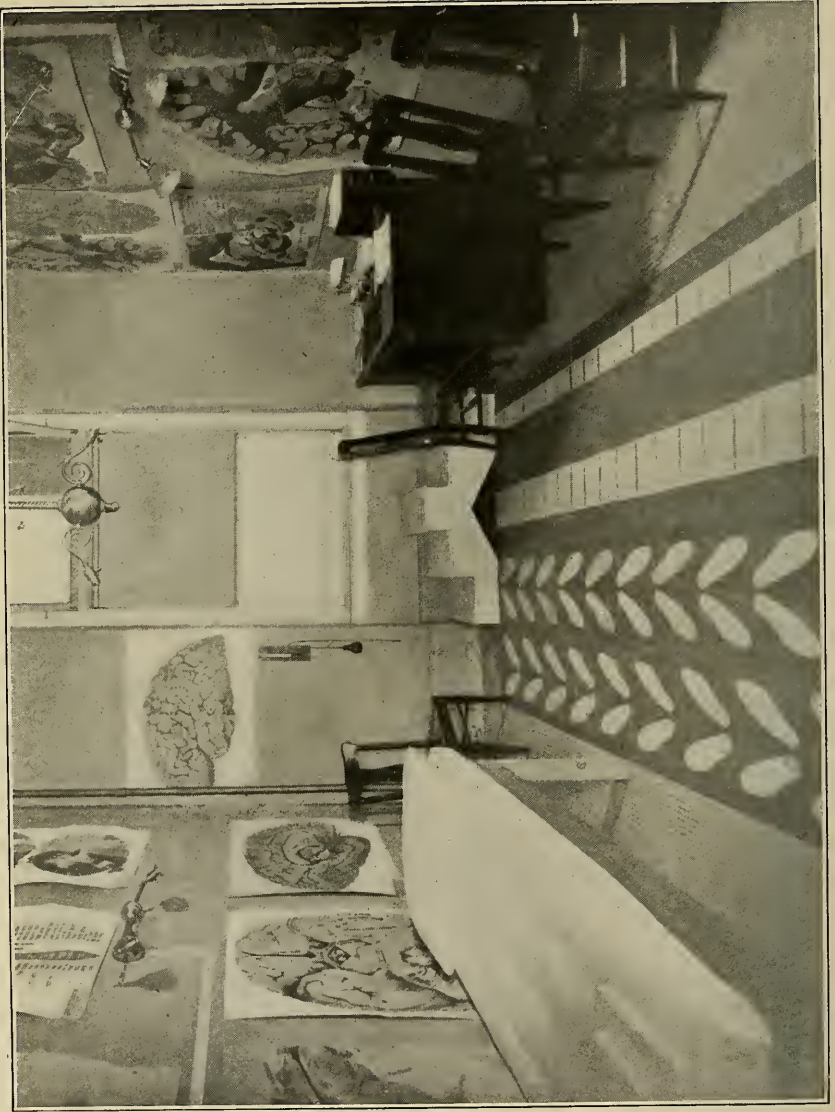
### Nationalities.

Africa .....	1	Italy .....	168
Armenia .....	1	Iceland .....	1
Austria .....	392	Japan .....	1
Australia .....	2	Norway .....	11
Bavaria .....	1	Poland .....	12
Belgium .....	1	Porto Rico .....	1
Bohemia .....	19	Roumania .....	83
Bulgaria .....	1	Russia .....	1207
Canada .....	18	Scotland .....	28
Denmark .....	9	Servia .....	1
England .....	67	Sweden .....	22
Finland .....	4	Spain .....	4
France .....	21	Switzerland .....	5
Germany .....	253	Syria .....	1
Greece .....	11	Turkey .....	11
Holland .....	3	United States .....	2084
Hungary .....	143	Wales .....	2
Ireland .....	145	West Indies .....	9





WOMEN'S WARD



ROOM FOR RE-EDUCATION OF MOVEMENT

## SUPERINTENDENT'S REPORT.

---

*To the Trustees of the Neurological Institute of New York:*

*Gentlemen*—Following the custom of the previous years I have the honor to submit the statistics for the year ended November 30, 1914.

The Superintendent is deeply indebted to her predecessor Miss A. M. Hilliard, for her interest and help.

The hearty support of the Board of Trustees and the co-operation of the Medical Staff and the Directors of the different departments have made it possible to carry on our great work in a circumscribed and unfavorably situated building with inadequate facilities.

Respectfully submitted,

E. F. RIVINGTON,  
*Superintendent.*

### PATIENTS ADMITTED.

Private—	1914
Male .....	360
Female .....	204
Ward—	
Male .....	673
Female .....	508
Free—	
Male .....	36
Female .....	17
Total.....	1,798

### NUMBER OF PATIENT-DAYS.

	1914
Private .....	4,007
Ward .....	17,132
Free .....	1,497
Total.....	22,636

### DISPENSARY PATIENTS.

Number of patients.....	4,743
Treatments given.....	34,759

# Operating Earnings for Three Years Each Ending November 30.

	EARNINGS.			OPERATING EXPENSE.			DEFICIT.	
	1912	1913	1914	1912	1913	1914	1912	1913
December (1911).	\$5,940.43	\$8,687.24	\$8,887.54	\$10,932.48	\$9,795.91	\$9,580.37	\$4,992.05	\$1,108.67
January .....	6,210.12	10,057.71	11,873.57	9,830.49	10,550.56	10,390.02	3,620.37	492.85
February .....	8,899.10	7,564.09	11,142.93	11,144.77	9,646.55	10,326.15	2,245.67	2,082.46
March .....	7,392.87	7,661.73	11,191.74	10,694.92	9,326.63	10,974.26	3,302.05	1,664.90
April .....	6,353.11	7,770.96	9,646.89	9,749.88	9,197.53	10,007.04	3,391.77	1,426.57
May .....	8,337.45	9,668.10	8,949.49	10,324.82	9,309.62	9,277.97	1,987.37	* 358.48
June .....	7,187.87	8,025.10	8,329.20	10,134.40	9,607.24	9,432.39	2,946.53	1,582.14
July .....	4,977.31	5,377.86	7,227.23	9,468.98	8,476.37	9,022.16	4,491.67	3,098.51
August .....	4,743.89	4,874.98	5,418.53	8,986.48	7,703.11	8,259.92	4,242.59	2,888.13
September .....	4,751.24	6,574.75	7,776.20	8,351.02	7,871.71	8,595.52	3,599.78	1,296.96
October .....	8,206.08	10,479.74	8,951.94	9,191.02	9,485.91	9,480.99	984.94	* 993.83
November .....	8,447.31	9,525.53	8,804.47	9,211.07	9,776.81	9,119.11	763.76	251.28
Total.....	\$81,451.78	\$96,267.79	\$108,199.73	\$118,020.33	\$110,807.95	\$114,465.90	\$36,568.55	\$14,540.16
								\$6,257.17

\*Indicates surplus.

Comparative Cash Statement for Three Years Ending November 30, 1914.

	<i>Receipts.</i>			<i>Disbursements.</i>		
To Gross Earnings from:	- 1912	1913	1914	1912	1913	1914
Private Patients.....	\$ 24,317.40	\$ 27,825.82	\$ 35,682.36	Salaries and wages.....	\$ 50,423.40	\$ 46,438.06
Ward Patients.....	41,410.41	45,032.87	43,084.44	Provisions and supplies....	24,817.31	22,007.85
Special Nursing.....	5,430.97	7,189.93	11,063.63	Rent .....	18,068.39	17,586.07
Dispensary and Treatment..	9,218.11	9,229.01	10,591.11	Medicine and surg'l supplies	4,694.10	5,858.30
Miscellaneous Receipts....	1,074.89	6,990.16	7,778.19	House supplies.....	1,211.39	317.28
Total .....	\$ 81,451.78	\$ 96,267.79	\$ 108,199.73	Laundry .....	7,689.41	6,880.57
Less accts. charged of above	1,899.08	1,282.62	948.60	Printing and stationery....	1,250.85	1,135.78
Cash receipts.....	\$ 79,552.70	\$ 94,985.17	\$ 107,251.13	Telephone and Telegraph....	1,977.31	1,296.88
Adv. paym'ts from patients.	847.55	1,227.17	1,426.61	Repairs and supplies.....	1,395.03	972.73
Donations as per list.....	48,089.69	22,139.41	17,986.84	Fuel and light.....	4,996.10	6,310.21
				Hospital sundries.....	1,297.04	2,009.52
Balance at beginning of year	\$ 128,489.94	\$ 118,352.35	\$ 126,664.58		\$ 118,020.33	\$ 110,807.95
	5,059.00	7,772.62	11,338.54	Less accts. unpaid of above.	.....	1,104.21
				Add unpaid bills of yr. previous	4,215.37	.....
						1,484.73
						\$ 115,950.63
				Roof garden expenses.....	\$ 122,235.70	\$ 109,703.74
				Apparatus and instruments.	319.01	654.70
				Furniture, fixtures and equip.	240.16	67.61
				Social service.....	1,471.76	1,366.01
				Prepaid expenses.....	1,169.99	2,644.37
				Corporation expenses.....	339.70	300.00
				General miscellaneous.....	.....	.....
						.....
						.....
				Balance in Fidelity Bank....	\$ 125,776.32	\$ 114,736.43
				Cash in hands of Supt.....	6,272.93	7,046.85
				Bal. in hands of Treas. 11/30	800.00	800.00
					699.69	3,542.19
						7,029.03
						\$ 138,053.12
						\$ 138,053.12



## REPORT OF SUPERVISOR OF NURSES.

---

*To the Trustees of the Neurological Institute of New York:*

*Gentlemen*—The post-graduate course for the instruction of nurses has been continued during the past year.

Classes and lectures have been conducted as usual. The nurses have their practical work assisting in the Hydrotherapeutic, Mechanotherapeutic and Electrotherapeutic Departments, in the giving of treatment to the house and clinic patients under the supervision of the permanent directors of these departments.

We gratefully acknowledge our obligation to the Medical and Surgical Staff for the care of the nurses who have been ill and for the following lecture course:

Pathological Conditions of Spinal Cord.  
Nursing in Brain and Spinal Cord Surgery.  
Nursing in States of Excitement.  
Nursing in Drug and Alcohol Cases.  
Nursing in Brain Diseases.  
Observation, Differentiation and Immediate Treatment of Fits.  
Emergency Care of the insane.  
Illusions, Delusions and Hallucinations.  
Neurasthenia, Psychasthenia, Hysteria.  
Nursing in States of Depression.  
Nursing in Dementia.  
Nursing in Nervous Diseases.  
Psychology.

### CLASS AND DEMONSTRATION WORK.

Electrotherapy .....	4 classes
Mechanotherapy .....	4 classes
Hydrotherapy .....	15 classes
Occupation .....	24 classes
Anatomy and Physiology of the Nervous System....	6 classes

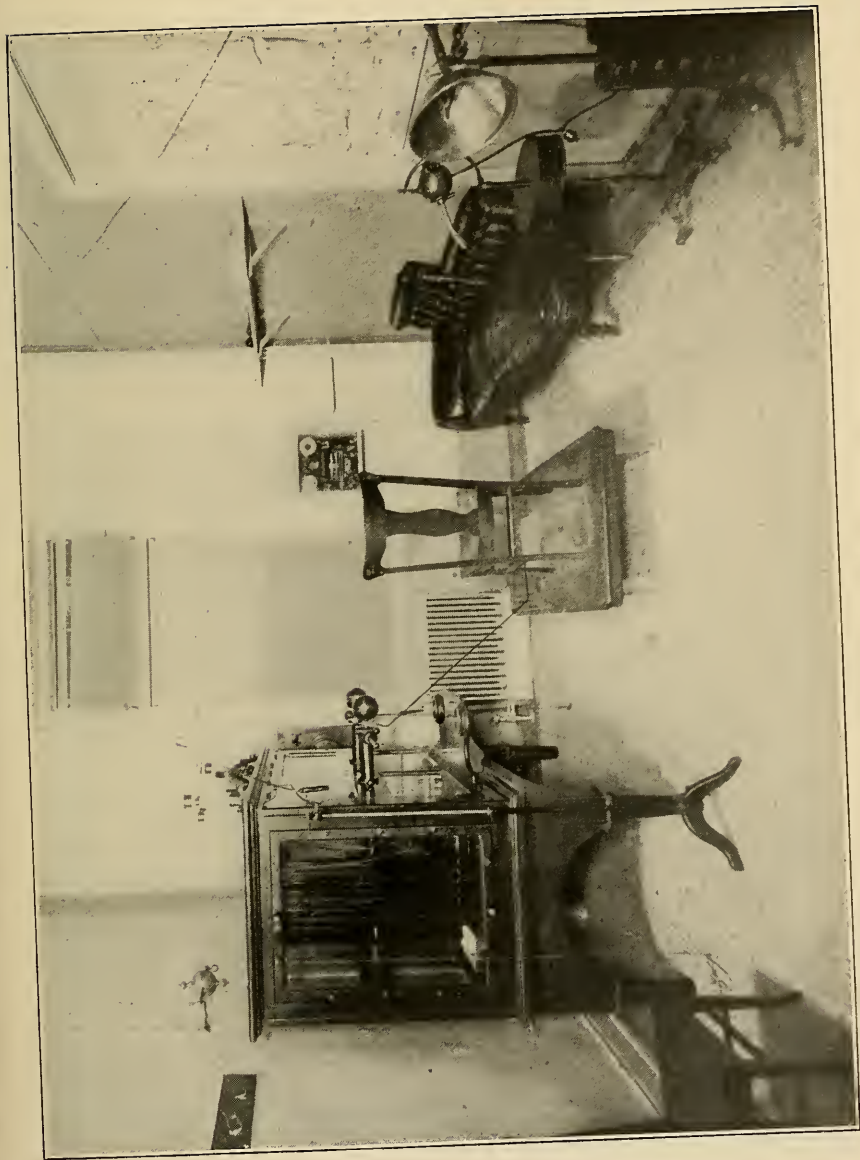
Eighty-nine nurses applied to take the course, 38 were accepted, 15 were graduated, 13 are still in training.

Respectfully submitted,

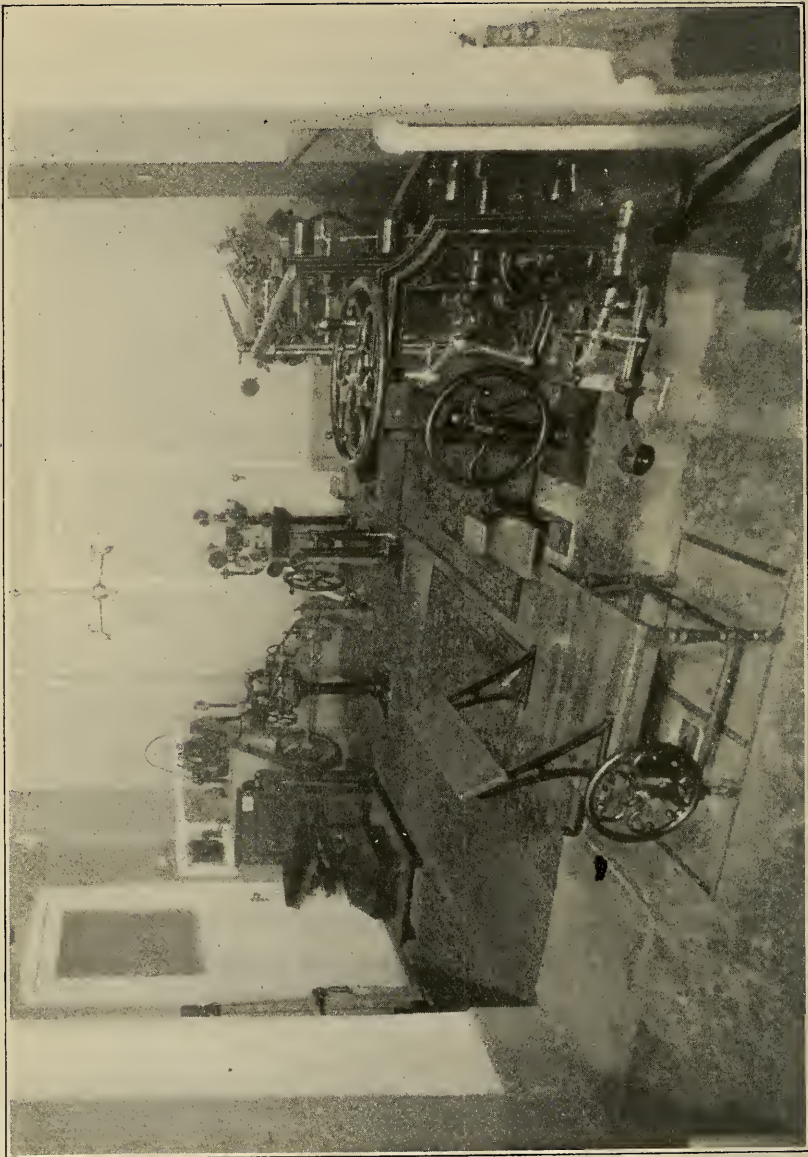
E. F. RIVINGTON, R. N.

*Supervisor of Nurses.*





ELECTRO-THERAPEUTIC ROOM



ZANDER MECHANICAL APPARATUS

## REPORT OF OCCUPATION DEPARTMENT.

---

DECEMBER 1, 1913, TO NOVEMBER 30, 1914.

*To the Trustees of the Neurological Institute of New York:*

*Gentlemen*—One of the great aims of an occupation department is the arousing of a permanent interest in work; on this account it is wise to allow a reasonable choice of occupation, limiting it to a few simple handicrafts of evident utility, such as basketry, book-binding, knitting and chair caning, the rudiments of which can be grasped during a very brief stay at the hospital. These industries require no expensive apparatus, and in the two or three weeks of hospital stay the patient can master enough of the underlying principles so that he can continue the work at home with better technical results than he can during his visit to us.

Sufferers from nervous diseases often have a tedious period of convalescence at home, and the habit of work, with a slight knowledge of some craft, often helps to keep up self-confidence and give an interest to otherwise monotonous days. It will therefore be seen that the value of the occupation work cannot be judged by the imperfect technical results gained in a brief hospital stay, and many patients have shown good work done at home and expressed gratitude for the start gained through this department. When patients stay in the hospital two or three months they frequently become proficient workers, and we have demonstrated that there is nothing to prevent even chronic sufferers from nervous diseases to become skilled craft workers provided they have the time and training necessary for healthy individuals to accomplish the same result.

As an example of what may be done at home, the case of a young girl may be mentioned who got a start in coarse embroidery during a visit to the hospital two years ago. She kept in touch with the occupation teacher and frequently brought her work for criticism. While still unable to go out to work, as she is a sufferer from a chronic disease, she has become so proficient as to be able to earn enough to cover her personal expenses, and had recently a value of \$75.00 put on a large piece of work by one of the embroidery shops.

An effort has always been made to arouse an altruistic spirit in the patients by getting them to do work for the hospital; of this work printing has been the most successful, as running the press is comparatively easy and shows quick results. The treatment cards, census slips, etc., printed, frequently aggregate two or three thousand a month. Typewriting, specially since the gift of a typewriter to this department, has also aroused interest among men patients, and a large amount of work has been done. Sewing, such as the hemming of towels, has been done by women patients.

During this year an attempt has been made to test the value of coarse wool knitting and crocheting. Early in the year several shawls were knit or crocheted, and since the need for warm knitted wear has arisen among the European soldiers, this interest has been extended to the knitting of socks, wristlets and scarfs for the Red Cross. The work done has been excellent both in quantity and quality.

#### SUMMARY OF WORK DONE BY PATIENTS.

Total number of patients working.....	369
Pieces of work completed, not including printing.....	671

#### PIECES COMPLETED.

Reed and raphia basketry.....	139 pieces
Knitting and crochet.....	62 pieces
Sewing .....	130 pieces
Bookbinding .....	20 pieces
Chair caning .....	16 pieces
Typewriting .....	240 pages

The remainder consists of mechanical drawing, simple carpentry, etc.

The work has been greatly helped by the cooperation of the Superintendent of the hospital and of the Medical and Nursing Staff.

Respectfully submitted,

MERTICE MACCREA BUCK.



## REPORT OF THE DEPARTMENT OF SOCIAL RESEARCH.

---

*To the Trustees of the Neurological Institute of New York:*

*Gentlemen*—While social service and social research have been carried on to some extent at the Neurological Institute almost continuously for the five years of its existence, a special department for this work was not opened until March, 1912. This is, therefore, the second report of a complete year's work.

### A Year of Study and Service.

In the same way that the Neurological Institute exists for the study and treatment of nervous disorders, this department aims both to study and to serve the special needs of the individuals that are referred to it from various departments of the institution.

Social service is, of necessity, personal service. In a neurological hospital, where the ailments treated are so various and so complex, it calls for close regards and solicitudes, such as are needed nowhere else outside of the family. This is so, whether the service is in defining the individual's needs for him, or informing him where his needs can be met, or encouraging him to meet his own needs and teaching him a way, or in giving outright of material relief.

It may be true that human nature is essentially the same the world over and for all times; but it is just as true that every individual cares deeply to be regarded in the light of the particular ways in which he differs from others of his kind. The way to success in social service is to discern clearly and to estimate truly and to respect scrupulously those individual differences which are the precious object of self-regard of all healthy minded persons.

In this spirit the members of this department have tried diligently to understand and to serve some of the most vital needs of the 719 persons with whose problems it has had some dealing during this year. Their needs have been various; they, themselves, were all strikingly different; sometimes it has sadly overtaxed our resources and our ingenuity to deal with them; but there has not been an uninteresting, and very seldom an unworthy individual in the whole number.

Of the 719 enrolled, 477 were from the dispensary either directly, or through the hospital, 37 others were from the hospital direct, 50 were sent to us by physicians or by individuals interested in the Institute and its work. The remaining 155 were

in three special groups, drawn from outside sources, which were studied for the sake of establishing closer relations with other social forces, and to enlarge our own acquaintance with some especially difficult types of patients. The most of this work with special groups was done by those directly interested, our contribution being in the way of advice about methods and review of the materials. In each of the groups there was not only a valuable opportunity for improving our own methods, but also a genuine opportunity for medical social service.

The 477 cases from the dispensary represent 10 per cent. of the entire dispensary enrollment. This is a higher proportion of cases referred for social service than we are familiar with outside of some tuberculosis clinics. Of the 831 cases enrolled in the dispensary whose ages were between six and eighteen years, 295, or 36 per cent., were referred for social service. This is a proportion that probably has no near parallel in any medical social service department, and may be considered as giving a distinct character to the dispensary work of the Neurological Institute.

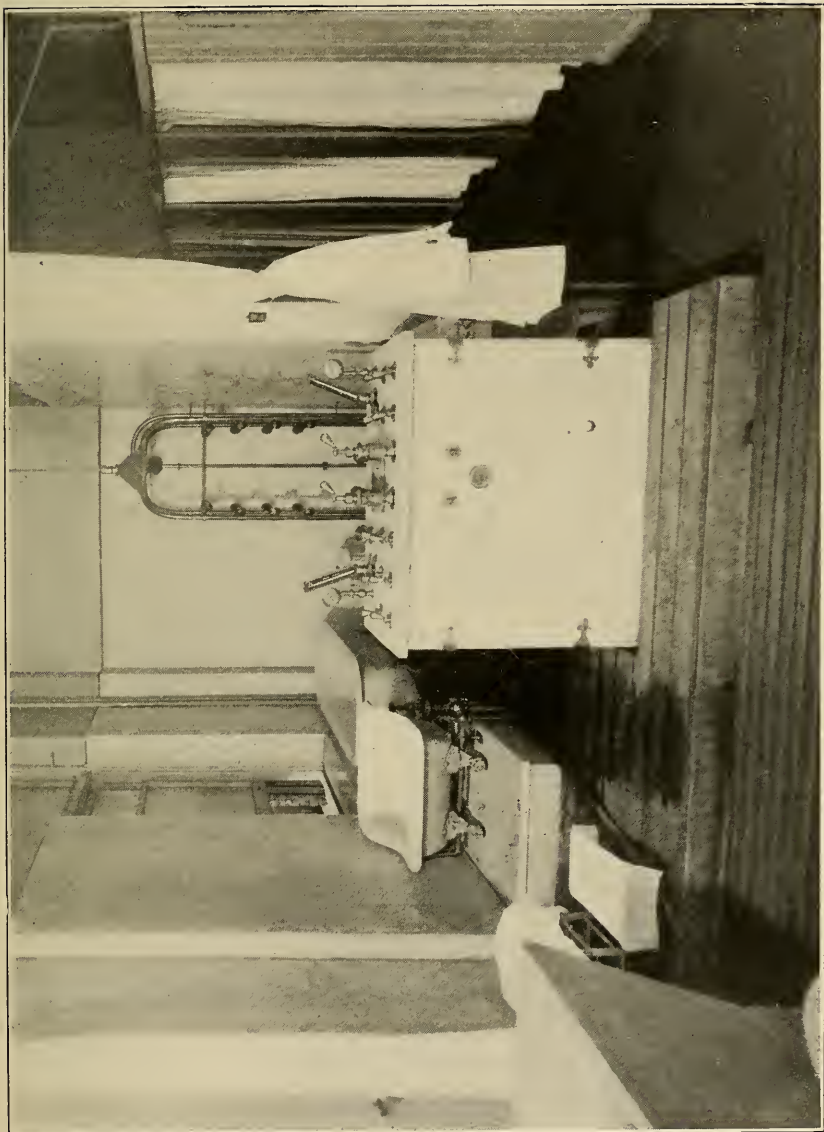
Lengthy and detailed inquiry has been made into the circumstances and personal and family history of many of these patients, so far as it could be done in interviews at the Institute. We have had no provision for regular home visiting, but there has been unexpected success in getting repeated visits to our department from patients and members of their families and persons specially interested in them. As a general rule, patients will go to any trouble rather than receive visits in their homes, with the inevitable publicity and need of explanation to neighbors and friends.

In another large number of cases the patients referred to us were already objects of special interest to others, who furnished us the reports of their own investigations for our records, and as a basis of our recommendations. The exchange of information in relief work is rapidly becoming systematized, and makes it possible to avoid much needless duplication of home visiting. Still we have often felt the urgent need of a well trained home visitor, to give added completeness and reliability to our investigations.

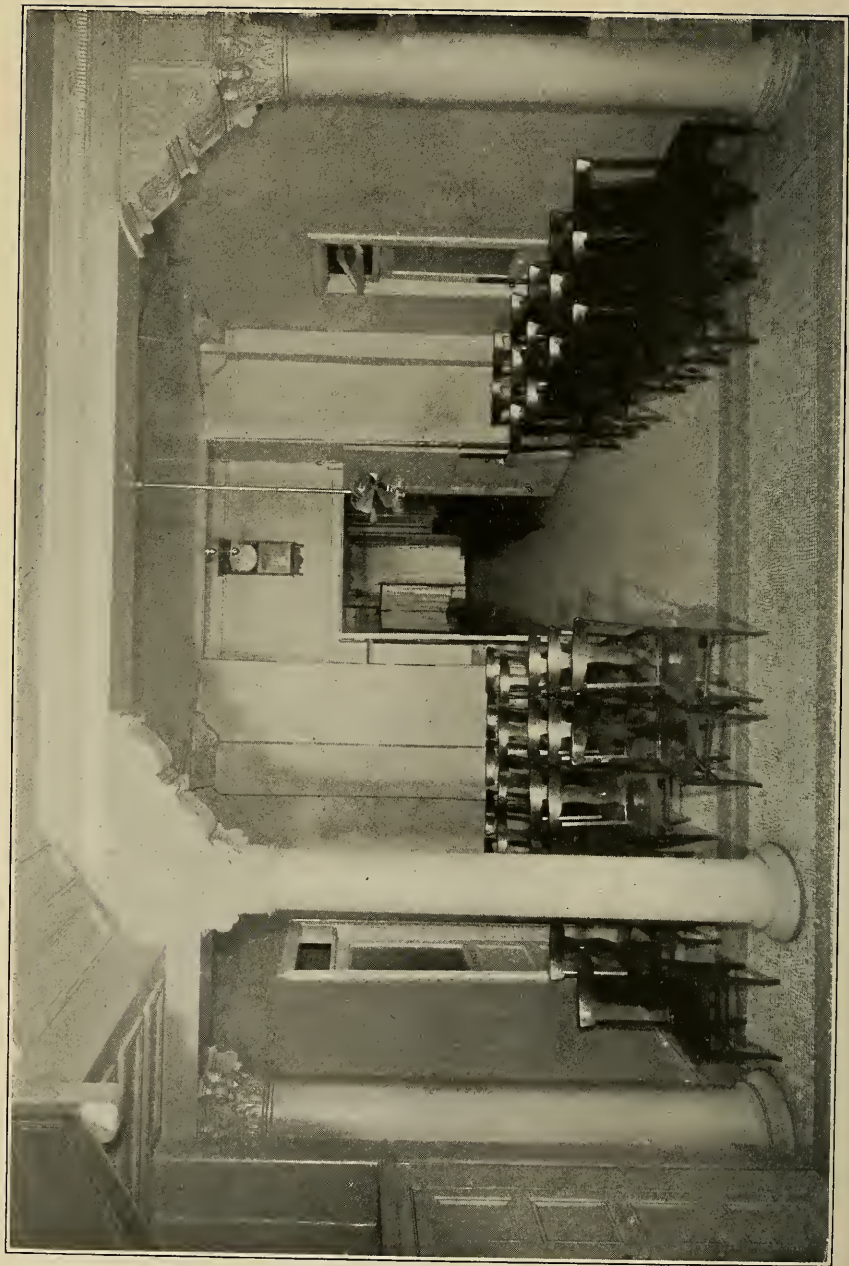
Aside from these interviews we have found the most direct and intensive way of understanding a patient, and having him understand us, is through the use of a pretty thorough system of tests of his physical and mental efficiency. Such an efficiency test was given to 490 of our total enrollment. By a slight extension of this test, it was possible to obtain the information to complete a Binet and Simon intelligence test, and this well known test was given in all in 600 cases during the year.

In no instance were these tests given unless it was obvious





HYDRO-THERAPEUTIC ROOM



DISPENSARY RECEPTION ROOM

that they would contribute to the social definition of the problems to be met. A majority of them were given by direct request of the physicians.

### Grouping the Social Service Problems.

In the preceding annual report certain groups of cases were outlined and typical illustrations were cited for some of the groups. These problems of retardation, of waywardness in childhood and youth, of adolescent fears and depressions, and of special training for special defects have continued to be the object of study and service.

In addition we have found it helpful, during this year, to approach the great variety of problems presented to us, by grouping them according to the various periods of their physical growth and development. Thus, we have found that each of the important growth periods of infancy, childhood, adolescence, maturity and senescence has its special personal problems, that must be met in appropriate ways.

An illustration of this may be found in the group of cases referred for social service that fell within the age limits of Early Childhood. Of these 245, of the ages of five, six, seven and eight years, were enrolled in the dispensary, 30 per cent. of whom, that is, 73 were sent to us. Of these 4 were well and showed only common individual peculiarities. 34 showed some degree of mental retardation, and of these 2 were cretins, 5 idiots and imbeciles, and 28 merely backward. Of the 28 backward children only 4 were so inferior as to be classified as feeble-minded. The problem of extreme mental inferiority was not, therefore, an urgent one with us, probably because this grade of children is easily cared for at the admission bureaus for institutions to which they naturally go, while the more special problems of mild inferiority are sent to the institute for study and treatment. The remaining cases were about equally divided between organic and functional nervous disorders. There were more cases of feeble-mindedness among these than among the group selected out for us in the dispensary as being deficient.

This survey of the early childhood group illustrates pretty clearly the functions of a social service department in a neurological clinic. Very little time has to be spent in dealing with problems of idiocy, imbecility and feeble-mindedness. Considerable time is spent in studying the peculiarities of the child that is responding in nervous and slightly inferior ways to the first efforts at training. Some of these are cases of early debility, poor care, poor attention to common hygienic rules of diet, exercise and other important life habits. Many of them are poor at habit forming and poor in self-direction, but responsive to careful training. In the one-third that are organic and functional cases



the study of individual differences in efficiency is especially helpful to the physician in determining the degree to which disease has made inroads on the child's resources, and the amount of ability it still possesses for responding to treatment. Another, and possibly the most valuable feature, is the scientific record made of these cases, which is available for physicians, parents and teachers for later study of the child's development. Even thus early it is determined that many of these children are to become permanent social problems for life, and the chief endeavor of the social service department is to bring parents and other responsible persons at once to a state of understanding and of will for the child, that will render him a constant object of observation and treatment through succeeding years. Where the parents cannot provide treatment, proper food, fresh air and the right training, it is the business of the social service department to direct the parents where these may be secured or to provide them.

### **Providing Social Service for Larger Numbers.**

A comparison of the two reports of this department will show that during the first year it was occupied, though not pre-occupied, with questions of method of approach to individual problems, and that during the second year it has given considerable time to the application of methods, in the way of social diagnosis, and the direction of patients or those responsible for them, to sources of help, mostly outside of the Institute. Of the 477 dispensary patients, 207 were sent to the Neurological Institute by social organizations and social workers, who were prepared, from their own resources, to take any steps recommended, as soon as a satisfactory definition of their problem was made for them.

For ourselves, we have conducted a class for the correction of speech defects; there has been a small amount of special training for backward children; a number of children were sent to summer camps; employment and relief have been obtained in a number of cases; and there has been a group of young people who came repeatedly for advice and encouragement about personal matters. We have spent about one hundred and fifty dollars for emergency cases, to help about rent, outside medical attendance, medicines, food supplies and special foods, summer outings and recreation.

The total cost to the Institute for these expenditures, for salaries for its entire social service force, and for office expenses, has been considerably less than the salary of one college professor, or of a minister of a moderate sized city church.

Considering the care that is taken to do thorough work, by a systematic method, in each individual case, and the conservative

practice of the department in giving material relief, it would seem that not many more persons could be reached with the present staff. An additional number might be reached, and better work done, if there were one more worker to do outside visiting.

It is the recommendation of the director that the efforts of the next year be turned somewhat more away from diagnosis and advice, toward the better following up of dispensary and hospital treatment of strictly medical cases. A very large number of examinations are made, and prescriptions for treatment given, in the dispensary, to patients who do not return for further advice, and who do not carry out at all, or carry out poorly, the directions of the physicians. The efforts of the physicians are balked, and there is a great outlay of skilled effort to no effect. It is a very proper matter for a social service department to cooperate in the following up of such cases, and there is probably no way in which it could better justify the outlay for its support. The next step in the systematic three years' development of social service at the Neurological Institute may very well be the working out of a method of following up patients as they leave the hospital and dispensary, and so to evidence a solicitude for them, in their efforts to meet the directions of the physicians, like that shown in contact with the patients in the first visits to the Institute.

### Acknowledgments.

The department has had the faithful and skillful help during the entire year of Miss E. Helen Hannahs and Miss L. H. Rainey, to whom credit is due for a large part of the work of examination and record making. An expression of appreciation is also due to the stenographer, Mrs. E. C. Smith, for careful and zealous work of a high order of excellence. The physicians and the general staff of the Institute have been unfailingly appreciative and helpful.

Contributions to the department have been gratefully received, and specific mention of them is made elsewhere in the Annual Report.

Respectfully submitted,

FREDERICK W. ELLIS.

## DONATIONS.

---

Donations of money were received during the year ended November 30, 1914, from the following:

Dr. John Cameron Anderson	Mrs. Amory G. Hodges
Mr. M. J. Breitenback	Mr. C. Oliver Iselin
Mr. A. N. Burbank	Mr. E. B. Levy
Balfour Williams Co.	Mr. Clarence Blair Mitchell
Mr. Henry P. Case	Mrs. Clarence Blair Mitchell
Mrs. Max Danziger	Miss McCraith
Mr. Max Eisman	Dr. Frederick Peterson
Dr. Charles A. Elsberg	Mr. Edmond Penfold
"A Friend"	Mr. Franklin Simon
Mr. Frederick Frelinghuysen	Mr. Artemas Ward
Mrs. H. Winthrop Gray	Mr. R. H. Williams
Mrs. Whiting	

During the year the Institute also received jellies, cake, fruit, books, magazines, dolls, games, puzzles, toys, materials for Occupation Department, cut flowers, plants, Christmas decorations, Easter decorations, new rug for reception room, new examining table for clinic, new sphygmometer, new punching bag, 2 sewing machines, new typewriter for house physicians, 3 rugs for front hall, from the following persons, viz.:

Mr. Carl Behr	Miss Elizabeth MacMillan
Mrs. Burns	Mr. R. P. Perkins
Mrs. H. G. Chapman	Mrs. Prentice
Mrs. Mansell B. Field	Miss Dorothy Rich
Miss Gertrude Hencken	Miss E. G. Salberg
Mr. Herter	Miss Susan B. Schenck
Mr. A. G. Hodges	Mr. Ferdinand Titsworth
Mr. Samuel Hunter	Mr. Towar
Mrs. DeLancey Kane	Mrs. Frederick Whiting
Mrs. Walter G. Ladd	Mrs. R. H. Williams
Mr. R. H. Williams	

Contributions were made in connection with the Social Service work by the following:

Miss E. Robinson, Mrs. E. C. Bodman, Dr. Frederick Peterson.









## Form of Bequest

I give and bequeath to the NEUROLOGICAL INSTITUTE OF NEW YORK, a corporation created in the year 1909, under the Laws of the State of New York, or to the Treasurer thereof for the time being, for its corporate purposes, the sum of..... dollars.

---

## Form of Devise of Real Estate

I give and devise to the NEUROLOGICAL INSTITUTE OF NEW YORK, a corporation created in the year 1909, under the Laws of the State of New York, for its corporate purposes, all that, etc.  
(Here describe the property.)

FILE COPY  
NOT TO BE TAKEN  
FROM ROOM.  
HARRISON WILLIAMS.

RECEIVED

# SIXTH ANNUAL REPORT

OF

## THE NEUROLOGICAL INSTITUTE

OF

NEW YORK

FOR THE YEAR ENDED  
NOVEMBER 30, 1915

NEW YORK CITY,  
149-151 EAST 87TH STREET













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**THE NEUROLOGICAL INSTITUTE  
OF NEW YORK**

For the Study and Treatment of Nervous and  
Mental Diseases

Incorporated 1909



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For the Year Ending November 30, 1916.

OFFICERS AND TRUSTEES.

ROBERT P. PERKINS,  
*President.*

HARRISON WILLIAMS,  
*Treasurer.*

SHERMAN DAY,  
*Secretary.*

---

EXECUTIVE COMMITTEE.

AMORY G. HODGES

THEODORE ROOSEVELT, JR.

The PRESIDENT and TREASURER, *ex-officio.*

---

TRUSTEES.

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ISAAC TOWNSEND

CLARENCE B. MITCHELL

HARRISON WILLIAMS

ROBERT P. PERKINS

RICHARD H. WILLIAMS

THEODORE ROOSEVELT, JR.

R. THORNTON WILSON

For the Year Ending November 30, 1916.

**MEDICAL BOARD.**

JOSEPH COLLINS, M.D.  
FREDERICK PETERSON, M.D.  
PEARCE BAILEY, M.D.  
CHARLES A. ELSBERG, M.D.

---

**CONSULTANTS.**

**Neurologists.**

CHARLES L. DANA, M.D. J. RAMSAY HUNT, M.D.

**Alienist.**

WILLIAM MABON, M.D.

**Physicians.**

WALTER B. JAMES, M.D. VAN HORNE NORRIE, M.D.

**Surgeon.**

ROBERT ABBE, M.D.

**Gynecologists.**

J. CLIFTON EDGAR, M.D. JAMES W. MARKOE, M.D.

**Dermatologist.**

JOHN A. FORDYCE, M.D.

**Orthopedic Surgeon.**

VIRGIL P. GIBNEY, M.D.

**Laryngologist.**

WILLIAM LEDLIE CULBERT, M.D.

**Otologist.**

EDWARD BRADFORD DENCH, M.D.

**Ophthalmologist.**

WARD A. HOLDEN, M.D.

For the Year Ending November 30, 1916.

**MEDICAL STAFF.**

**FIRST DIVISION.**

JOSEPH COLLINS, M.D.,  
*Physician to the Neurological Institute.*

EDWIN G. ZABRISKIE, M.D.,  
C. BURNS CRAIG, M.D.,  
*Assistant Physicians to the Neurological Institute.*

HENRY K. MARKS, M.D.,  
*Chief of Clinic.*

ALEXANDER H. WILLIAMSON, M.D.,  
*Resident Physician.*

**Assistants in Outdoor Department.**

JAMES L. JOUGHIN, M.D.,	ARMITAGE WHITMAN, M.D.
WALTER CLARK HAUPT, M.D.	FILIPPO CASSOLA, M.D.
MERRITT W. BARNUM, M.D.	SANTE NACCARATI, M.D.

---

**SECOND DIVISION.**

FREDERICK PETERSON, M.D.  
*Physician to the Neurological Institute.*

R. FOSTER KENNEDY, M.D.,  
*Assistant Physician to the Neurological Institute.*

JUNIUS W. STEPHENSON, M.D.,  
*Chief of Clinic.*

THOMAS K. DAVIS, M.D.,  
*Resident Physician.*

**Assistants in Outdoor Department.**

ROBERT E. POU, M.D.	RUSSELL G. MACROBERT, M.D.
FLORIZEL DE L. MYERS, M.D.	HARRY M. RATLIFF, M.D.
LOUIS BISCH, M.D.	JACOB FISK, M.D.
GUSTAVE F. BOEHME, M.D.	

---

**THIRD DIVISION.**

PEARCE BAILEY, M.D.,  
*Physician to the Neurological Institute.*

WALTER TIMME, M.D.,  
*Assistant Physician to the Neurological Institute.*

MORRIS J. KARPAS, M.D.,  
*Chief of Clinic.*

ROYAL G. CANNADAY,  
*Resident Physician.*

**Assistants in Outdoor Department.**

MEADE C. EDMUNDS, M.D.	NORMAN SHARPE, M.D.
LEIZER GRIMBERG, M.D.	JAMES M. O'NEILL, M.D.
J. B. GERE, M.D.	

For the Year Ending November 30, 1916.

### **SURGICAL STAFF.**

CHARLES A. ELSBERG, M.D.,  
*Surgeon to the Neurological Institute.*

ALFRED S. TAYLOR, M.D.,  
*Associate Surgeon to the Neurological Institute.*

#### **Assistants to the Surgeon.**

HAROLD NEUHOF, M.D.

JAMES H. KENYON, M.D.

---

### **LABORATORY DIRECTORS.**

#### **Clinical and Research.**

DAVID M. KAPLAN, M.D.

#### **Histological and Neurological.**

EDWIN G. ZABRISKIE, M.D.

#### **Roentgenographer.**

ARCHIBALD P. EVANS, M.D.

#### **Director of Social Research.**

MR. FREDERICK W. ELLIS.

#### **Associate in Psychological Research.**

E. HELEN HANNAHS.

---

### **DENTIST.**

WILLARD B. FORCE, D.D.S.

---

### **THERAPEUTIC DEPARTMENT.**

#### **In Charge of Applied Therapeutics.**

EDWARD L. ROCHEFORT, M.D.,  
*Resident Interne.*

---

### **HEADS OF THERAPEUTIC DEPARTMENT.**

#### **Hydrotherapy.**

HELEN O'BRIEN

JOHN HOMMEL

#### **Massage and Mechanotherapy.**

CHARLES NELSON

ANNA LARSEN

A. B. DEVOLD

MARIE STENBERY

J. E. DESSLE

ELIZABETH LARSEN

#### **Gymnastics.**

HENRY NEIDEREE.

For the Year Ending November 30, 1916.

Superintendent and Supervisor of Nurses.

ESTHER F. RIVINGTON, R. N.

Assistant Superintendent.

M. GERTRUDE DWYER, R. N.

Cashier.

EDWARD A. POWERS.

Registrar.

A. ROBINSON.

Housekeeper.

ARVILLA VAN ZANDT.

Night Supervisor.

HELEN DAVIDSON.

Dispensary Supervisor.

KATHERINE PHELAN.

Private Floors.

LILLIAN M. HAM, R. N.

Women's Wards.

SUSAN W. TAYLOR, R. N.

Men's Wards.

SARAH DANNECKER, R. N.



The Following Reports and Statistics are all for the Year  
Ended November 30, 1915.

## REPORT OF THE EXECUTIVE COMMITTEE.

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*To the Trustees of the Neurological Institute of New York:*

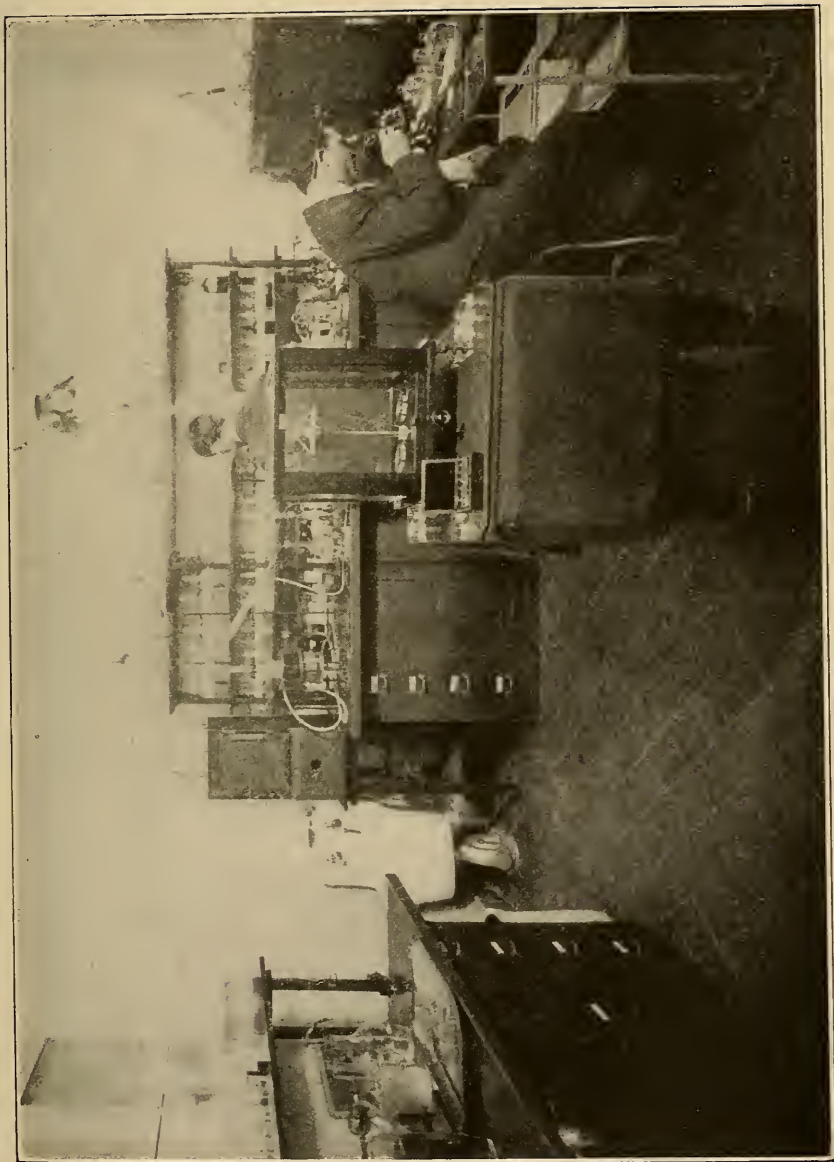
*Dear Sirs*—At the end of its sixth fiscal year we are glad to report that notwithstanding unimproved conditions the Neurological Institute has been maintained with the same efficiency which has characterized it in the past. Although the necessity of such an institution has been clearly demonstrated to even the most sceptical it is deeply to be regretted that we still find ourselves without funds with which to purchase land for the erection and equipment of a suitable building. This is all the more serious since our lease will expire on March 31, 1917. Present accommodations are quite inadequate, commensurate with the service required of them, and it is only with the greatest care and at a very considerable expense that they are maintained in their well-ordered condition. If a suitable plant, properly endowed, were available not only much more practicable good could be accomplished but the money now spent upon upkeep, due to existing lack of facilities, could be used for other purposes to far greater advantage. The work performed by the Institute, which has proved of so much real benefit to the community, would then be on a footing to insure its progress and permanence. We hope those who are not acquainted with the report of the Medical Board included in this annual report will give it their thoughtful attention for we believe it will prove an additional incentive to one and all interested in the welfare of the Institute.

Dated, New York, Nov. 30, 1915.

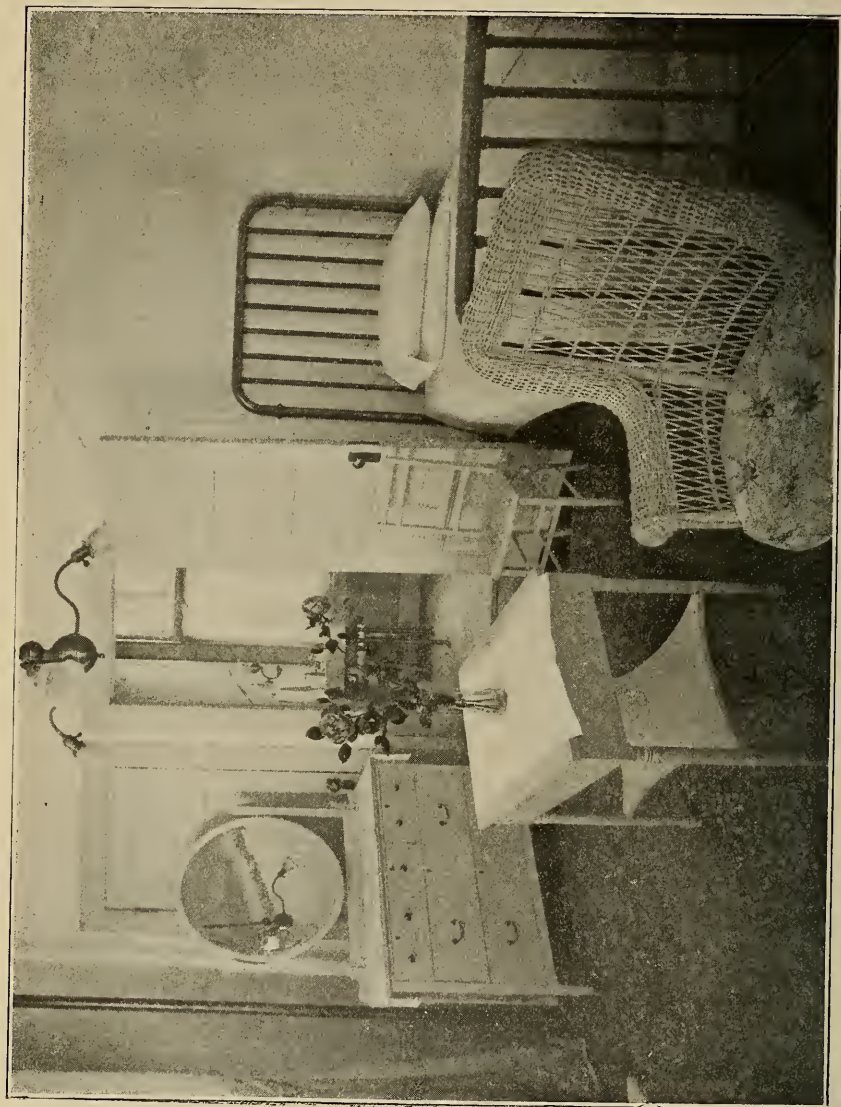
Respectfully submitted,

WALTER G. LADD,

*Chairman of Executive Committee.*



LABORATORY



PRIVATE ROOM WITH BATH

## REPORT OF THE MEDICAL BOARD.

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*To the Trustees of the Neurological Institute of New York:*

*Gentlemen*—On behalf of the Medical Board, I present a brief report of the work that has been accomplished by the staff of the Neurological Institute during the sixth year of its existence, from November 30, 1914 to November 30, 1915, and some suggestions regarding future work.

The number of patients admitted into the Hospital and treated in that period is 2,352.

The number of patients examined and treated in the Dispensary is 5,426.

The number of patients treated in the various departments of Applied Therapeutics (out-patients) is 36,206.

The number of operations performed, 113.

	1910.	1911.	1912.	1913.	1914.	1915.
Number of In-patients..	825	1,185	1,378	1,819	1,798	2,352
Number of Out-patients.	3,145	3,557	3,865	4,253	4,753	5,426
Number of Treatments given .....	13,208	22,335	27,858	29,954	34,759	36,206
Number of Operations performed .....	70	90	78	104	81	113

When these figures are contrasted with the statistics of the previous five years, as they are readily done when seen in parallel columns, the growth of the Institute, in so far as that is



measured by numbers, is seen to be phenomenal. Nearly three times the number of patients were taken into the hospital and treated in 1915 as in 1910, and very nearly twice the number were treated in the out-patient department. The Hospital has reached its limit, indeed it has more than reached its limit. It has only been by the closest co-operation on the part of the Superintendent and her staff on the one hand, and the physicians of the Institute and their staffs on the other hand, that the remarkable feat of examining and treating such a great number of patients has been accomplished.

You are familiar with the conditions that led up to the organization and foundation of this Hospital; you are cognizant of the work it has done; you know how unsuitable and insufficient is our hospital building; you realize fully how imperative is the need for an adequate, appropriate hospital building. These matters were fully discussed in the last Annual Report, and in the reports that preceded it. They will, therefore, not be discussed in this Report further than to say that we believe that we are secure upon the ground of modesty in stating that the Neurological Institute is unique in the annals of hospital organization and development. Started without other aid than the financial support of a few loyal friends, two generous benefactors and yourselves, this hospital has accomplished in six years what it usually takes a generation to accomplish, viz.: the capacity to do efficient work.

Its record is its recommendation. If that does not secure for it endowment from which a suitable building can be constructed, no verbal solicitation will succeed.

The Medical Board feels that it must leave the matter of disseminating the record of the hospital amongst the kindly and the generous, to the Trustees.

HOSPITAL EFFICIENCY. Numbers of patients seen, examined.



or treated do not spell success for a hospital. When we say that a hospital is successful we mean that it measures up to standards that have been established by similar institutions founded on parallel lines, and that the work done bears a certain stamp or character. We believe that the work that has been done in the Neurological Institute during its entire existence has measured up to the highest standards. But standards do not remain the same, they are relative, they must be changed with every advance in medical knowledge, and in order to increase the efficiency of this Hospital we believe that certain changes are essential: In the first place, there must be more and better team work on the part of the Trustees and the Physicians of the Institute than there has been in the past. The Trustees should permit themselves to be made familiar first-hand with the character of the patient that seeks relief in such large numbers here, and with their ailments, and of the quality of relief that is provided them. This can probably best be accomplished by appointing a Visiting Committee who shall see the patients at least a certain number of times per month, and learn of their needs, their satisfactions, and their disappointments, and report their observations and conclusions to the Board.

The Trustees must satisfy themselves, first, that those who seek and get relief are worthy and deserving; and second, that getting it does not stultify their manhood, undermine their uprightness or obscure their perspective of the eternal fitness of things. They should be made not only better physically, but better morally, or spiritually, or whatever that something is which constitutes being a "better man."

In the second place, a follow-up system must be effected which shall have for its chief object an investigation of the patients' home conditions, the discovery of the factors that were directly or indirectly responsible for the illness. A study of the local

disease-engendering atmosphere, as it were, must be made. Without some such system we are curing disease temporarily in a great number of instances, or perhaps better said, we are temporizing with disease. Take the vast subject of syphilis of the nervous system, which, with cancer, is the most important question in the field of medicine today, and one which it may be said the work of this Hospital has been instrumental in illuminating. Despite the most painstaking effort on the part of the Physicians, it is impossible to keep the patient returning to the Hospital for salvarsan or other treatment after he begins to feel well, or after he has got relief from his obvious symptoms, such as headache or paralysis, even though it is explained to him in a way that a child could comprehend, that the infection still inhabits his system, and that it requires repeated treatment, even after every indication of the disease has disappeared. What is true for syphilis of the nervous system is true for many other diseases not depending upon infection, and particularly true of the depressed, and the obsessed, and of those whose infirmities have their origin in ignorance of the laws of hygiene. Some system must be developed of dealing more efficiently with those sick in mind but not in body, and especially with those incapacitating, demoralizing, misery-engendering infirmities that have their origin oftentimes in tampering with that function which foundations Nature's primordial principle—reproduction or creation—and of investigating those mental disorders the possession of which is consistent with sanity. These things cannot be done in routine fashion the way one investigates physical disease in the outpatient department. They must be studied according to a definite plan, and co-operatively by physician, psychologist, and social worker. To develop an efficient, adequate follow-up system cannot be done in a minute, nor can it be accomplished by employing clerks or social workers. The individual who can do such work successfully is one who does it not only for a livelihood,



PORTRION OF ROOF GARDEN



OPERATING ROOM



but one who loves his fellowman and feels that he discharges an obligation to his Creator and nurtures his social consciousness by helping others.

The details of such a system should be worked out by a Committee, consisting of a Member of the Medical Board and a Member from the Board of Trustees, acting in conjunction with the Head of our Social Service Department.

The Medical Board ventures to express the hope that the Trustees will take up a closer supervision of the Hospital, insofar as it pertains to the work of the physicians, that they may not only be satisfied with the work that is being done, but that they convince themselves that everyone connected with the Hospital is giving to it unselfishly of his time, his interest, and his enthusiasm, to make the Hospital still more efficient in accomplishing the purpose for which it was originally intended.

**HOSPITAL RECORDS.** The scientific work that a hospital does is not the chief reason for its existence. Hospitals exist to relieve and cure sick poor. The scientific work that may be done, and that should be done in studying their illnesses and treating them, may be, and is, used for the benefit of those who are well and who want to remain well. Scientific work of a hospital is largely observation, registration of tests and laboratory work. These are of no use to anyone save perhaps to the individual who makes them, and of small use to him, unless they are recorded. The records of a hospital must not only be complete, but they must be classified, indexed and accessible. These are essential to a properly run institution. This Hospital needs a new official, a filing clerk, or archivist, who shall be responsible for the histories and for records that have been made of every patient admitted into this Hospital, and who will keep the records in such shape and accessibility that they are at all times

available for the physician who puts forth a thesis, who defends one, or attacks one.

The Medical Board wishes to express its appreciation of the work of the Superintendent. It particularly is appreciative of the fact that her dealings with the patients have at all times been characterized by urbanity, kindness, and firmness. Quickness of decision, careful attention to detail, and understanding of the changing needs of the hospital have been striking features of her daily work. In addition the Medical Board is gratifyingly aware of the fact that she has created an esprit in the personnel of the Hospital which makes it a pleasure to work there.

Respectfully submitted,

in the name of the Medical Board, by

JOSEPH COLLINS, M.D.



## **HOSPITAL STATISTICS**

Number of Patients Admitted to the Hospital According to Services.

SERVICE	ADMITTED			TOTAL TREATED			DISCHARGED			RECOVERED OR IMPROVED			NOT IMPROVED			NOT TREATED			DIED			REMAINING IN HOUSE Nov. 30, 1915		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
1st Div....	581	376	957	577	350	927	557	360	917	507	329	836	56	31	87	20	10	30	3	1	4	24	16	40
2nd Div....	458	257	715	421	237	658	449	243	692	402	218	620	13	5	18	37	20	57	6	9	15	9	14	23
3rd Div....	451	229	680	448	228	676	432	224	656	371	193	564	52	47	99	3	1	4	10	3	13	19	5	24
	1490	862	2352	1446	815	2261	1438	827	2265	1280	740	2020	121	83	204	60	31	91	19	13	32	52	35	87

## Cases Treated in the Hospital.

	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
Aphasia .....	1	0	1
Bone, joint and muscle diseases.....	20	31	51
Brain diseases, miscellaneous.....	40	18	58
Hydrocephalus.			
Encephalitis.			
Cerebral arteriosclerosis.			
Developmental defects.			
Brain tumor .....	29	13	42
Cardio vascular system.....	26	19	45
Heart diseases.			
Arteriosclerosis general.			
Angio-neurotic group.			
Constitutional inferiority.....	17	12	29
Psychopathy.			
Backward children.			
Imbeciles and idiots.			
Stutterers and stammerers.			
Chorea .....	17	37	54
Cranial nerves .....	22	31	53
Fifth and seventh.			
Dementia præcox .....	22	22	44
Ductless gland diseases.....	17	27	44
Thyroid.			
Pituitary.			
Adrenals.			
Ovaries.			
Epilepsies .....	57	46	103
Ear diseases .....	7	2	9
General paresis .....	163	32	195
Headache .....	4	8	12
Hemiplegia .....	12	16	28
Hysteria .....	10	26	36
Intoxications .....	41	17	58
Auto-intoxication.			
Drugs.			
Alcoholism.			
Lues .....	52	53	105
Medical diseases .....	23	24	47

	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
Meningitis (non-syphilitic) .....	1	2	3
Muscular atrophies, dystrophies and myasthenias .....	13	8	21
Multiple sclerosis .....	18	20	38
Nose and throat.....	0	0	0
Neurasthenia .....	28	30	58
Occupation disorders .....	4	2	6
Paralysis agitans .....	4	8	12
Paranoic states .....	7	4	11
Peripheral nerves .....	46	32	78
Brachial plexus distribution.			
Lumbar plexus distribution, sciatica, etc.			
Multiple neuritis.			
Poliomyelitis .....	6	3	9
Psycho-neuroses .....	18	40	58
Undifferentiated.			
Anxiety neurosis.			
Compulsion neurosis.			
Post operative neurosis.			
Menopause neurosis.			
Tics.			
Psychasthenia.			
Traumatic neurosis.			
Psychoses .....	22	59	81
Manic depressive insanity.....	6	31	37
Spinal cord diseases, miscellaneous.....	36	27	63
Meningo-myelitis.			
Myelitis.			
Combined sclerosis.			
Lateral sclerosis.			
Syringomyelia.			
Spinal cord tumor.....	6	3	9
Surgical diseases .....	4	8	12
Syphilis of the central nervous system.....	246	111	357
Tabes dorsalis .....	304	87	391
Unclassified .....	42	37	79
Vertigo .....	0	0	0
Visceral diseases .....	15	20	35

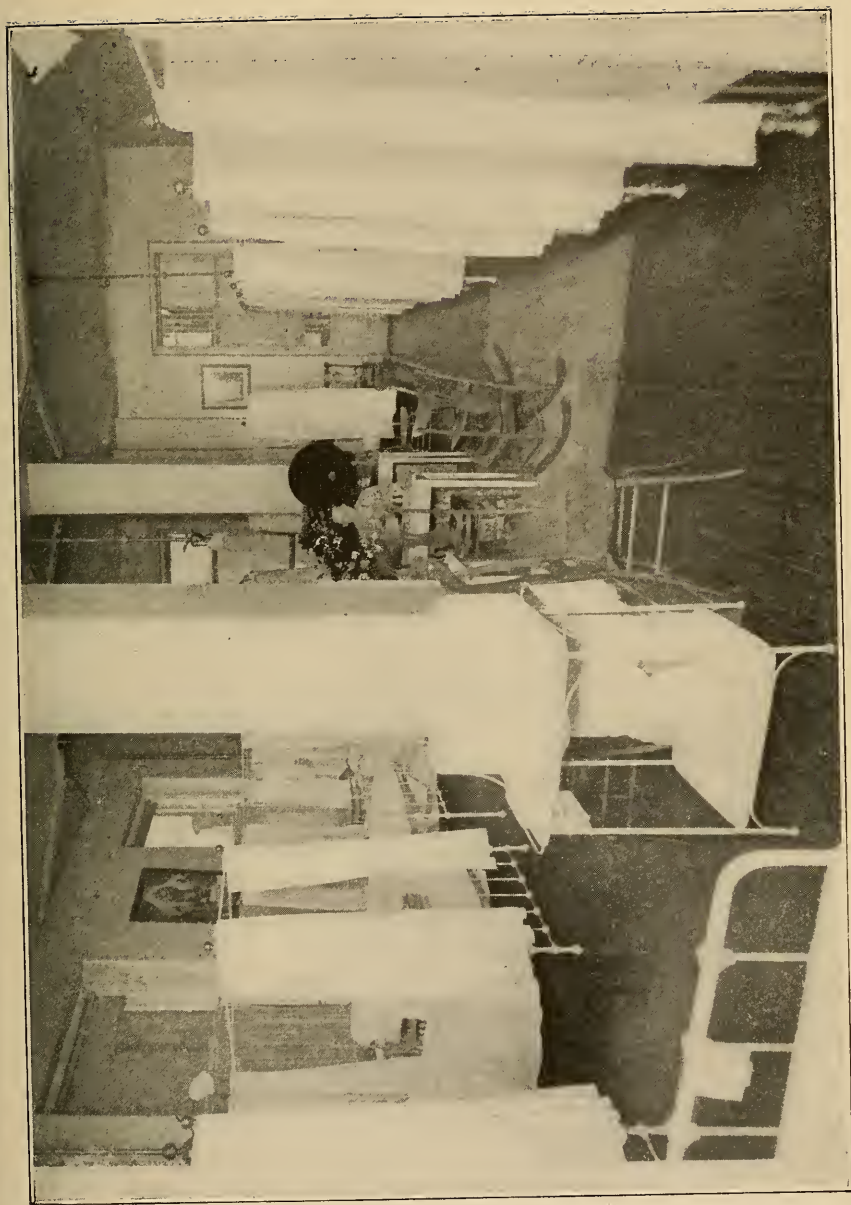
## Hospital Patients Classified According to Nationality.

	<i>Male.</i>	<i>Female.</i>
Austria .....	154	69
Australia .....	0	2
Bavaria .....	0	1
Belgium .....	1	1
Bohemia .....	3	2
Canada .....	9	6
China .....	2	0
Denmark .....	9	2
England .....	72	38
Finland .....	0	2
France .....	12	16
Germany .....	167	71
Greece .....	3	1
Holland .....	2	3
Hungary .....	61	15
Ireland .....	85	74
Italy .....	88	37
Mexico .....	3	0
Norway .....	4	1
Peru .....	1	0
Poland .....	6	5
Roumania .....	34	17
Russia .....	171	159
Scotland .....	17	14
Spain .....	10	0
South America .....	1	1
Newfoundland .....	0	1
Sweden .....	20	3
Switzerland .....	7	3
Turkey .....	2	1
United States .....	543	317
West Indies .....	2	0
Wales .....	1	0

## Report of Operations Performed.

Total number of operations.....	113
Deaths* .....	6
Operations on the Brain.....	54
Deaths .....	6
	No.
Craniotomy, exploratory for irremovable tumor of parietal lobe .....	2
Craniotomy, exploratory for encephalitis.....	2
Craniotomy, exploratory with subtemporal decompression, irremovable glioma of temporal lobe.....	2
Craniotomy, irremovable glioma of Rolandic area....	2
Craniotomy, exploratory for Jacksonian epilepsy....	1
Craniotomy, exploratory with exploratory puncture of brain .....	4
Craniotomy, frontal cyst .....	1
Craniotomy, subtemporal decompression for irremovable or unlocalizable tumor.....	5
Craniotomy, subtemporal decompression with puncture of corpus callosum for tumor.....	1
Craniotomy, subtemporal decompression for spastic diplegia .....	1
Craniotomy, removal of endothelioma of skull and dura	2
Craniotomy, removal of tumor of Rolandic area.....	2
Craniotomy, angioma of cortex.....	1
Craniotomy, suboccipital, for tumor of cerebello-pons angle .....	4
Craniotomy, suboccipital, decompressive.....	1
Puncture of corpus callosum for hydrocephalus.....	4
Puncture of corpus callosum for hydrocephalus, obstructive, due to tumor.....	3
Craniotomy, division of sensory root of trigeminus for neuralgia .....	8
Craniotomy, intracranial division of second and third branches of trigeminus.....	1
Suboccipital aspiration.....	7
Operations on the Spinal Cord.....	15
Deaths .....	0
Laminectomy, removal of extramedullary tumor.....	1
Laminectomy, drainage of hydromyelia.....	1
Laminectomy, cervical pachymeningitis .....	1
Laminectomy, division of bands compressing cauda equina .....	1





WOMEN'S WARD



ROOM FOR RE-EDUCATION OF MOVEMENT

Laminectomy, division of posterior roots for spasticity after removal of spinal tumor.....	1
Laminectomy, decompressive, subluxation of axis.....	1
Laminectomy, decompressive, varicose veins of conus.	1
Laminectomy, decompressive, neuritis of cauda equina	1
Laminectomy, exploratory, myelitis .....	1
Laminectomy, exploratory, hematomyelia .....	1
Laminectomy, exploratory, decompressive, irremovable intramedullary tumor .....	2
Laminectomy, exploratory, decompressive, syringomy- elia .....	1
Hemilaminectomy, removal of extramedullary tumor..	1
Hemilaminectomy. decompressive, varicose veins of conus .....	1
Operations on Peripheral Nerves.....	33
Neurorrhaphy for brachial palsy.....	3
Neurorrhaphy for traumatic neuritis of ulnar nerve..	1
Excision of scar compressing sciatic nerve.....	1
Saline infiltration of sciatic nerve for sciatica.....	3
Trigeminal neuralgia, alcohol injections into second branch .....	18
into third branch.....	7
Miscellaneous operations.....	11
Curettage .....	1
Appendectomy for acute appendicitis.....	1
Ligation for hemorrhoids.....	1
Stretching of tendons.....	2
Excision of muscle for diagnosis.....	2
Excision of cyst of neck.....	1
Nephrectomy for infected hydronephrosis.....	1
Excision of tumor of leg.....	1
Intussusception, laparotomy and reduction.....	1
 *Causes of Death:	
1. Ten days after partial removal of infiltrating tumor of brain.	
2. Two days after exploratory operation for suspected abscess of brain.	
3. Two weeks after exploratory operation for cerebral tumor, in coma.	
4. One day after operation, exploratory, for tumor.	
5. Two days after removal of cerebello-pontine angle tumor.	
6. Eighteen hours after removal of cerebello-pontine angle tumor from respiratory paralysis.	

## **DISPENSARY STATISTICS**

# Number of Patients Admitted to Dispensary According to Services.

1915	1ST DIVISION			2ND DIVISION			3RD DIVISION		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
December.....	72	54	126	55	53	108	60	46	106
January.....	73	76	149	66	83	149	62	61	123
February.....	55	65	120	71	67	138	52	59	111
March.....	93	75	168	88	74	162	66	80	146
April.....	98	111	209	74	90	164	72	82	154
May.....	92	96	188	81	121	202	83	60	143
June.....	97	121	218	116	86	202	64	79	143
July.....	80	89	169	81	94	175	62	79	141
August.....	81	99	180	80	65	145	66	73	139
September.....	73	74	147	71	67	138	48	51	99
October.....	75	98	173	79	88	167	63	56	119
November.....	93	74	167	78	69	147	58	66	124
Total.....			2014			1897			1548

## Cases Treated.

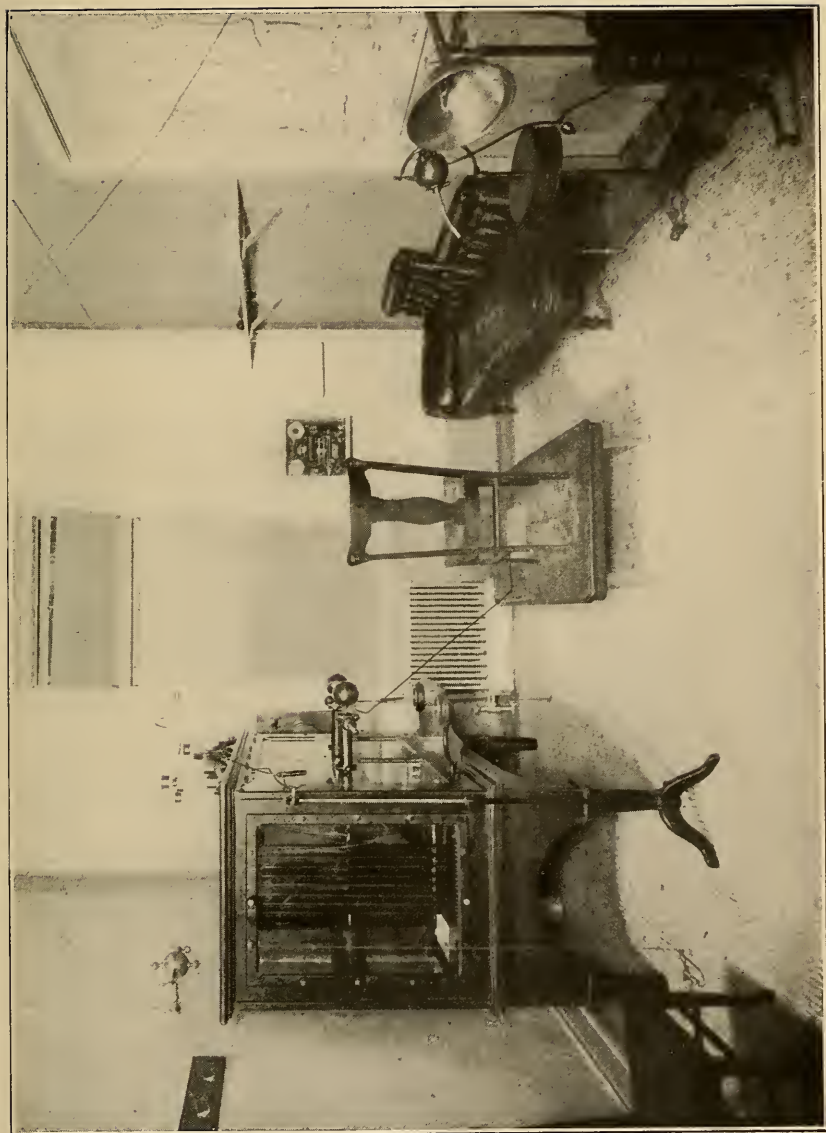
	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
Aphasia .....	2	0	2
Bone, joint and muscle diseases.....	286	349	635
Brain diseases, miscellaneous.....	57	48	105
Hydrocephalus.			
Encephalitis.			
Cerebral arteriosclerosis.			
Developmental defects.			
Brain tumor .....	17	6	23
Cardio vascular system.....	93	108	211
Heart diseases.			
Arteriosclerosis, general.			
Angio-neurotic group.			
Constitutional inferiority .....	175	143	318
Psychopathy.			
Backward children.			
Imbeciles and idiots.			
Stutterers and stammerers.			
Chorea .....	100	122	222
Cranial nerves:			
Fifth nerve .....	58	60	118
Seventh nerve .....			
Dementia præcox .....	47	58	105
Ductless gland diseases.....	38	108	146
Thyroid.			
Pituitary.			
Adrenals.			
Ovaries.			
Eye diseases .....	11	9	20
Epilepsies .....	130	96	226
Ear diseases .....	19	18	37
General paresis .....	56	24	80
Headache .....	46	70	116
Hemiplegia .....	19	17	36
Hysteria .....	28	79	107
Insomnia .....	9	9	18
Intoxications .....	120	103	223
Auto-intoxication.			
Lead.			
Drugs.			
Alcoholism.			



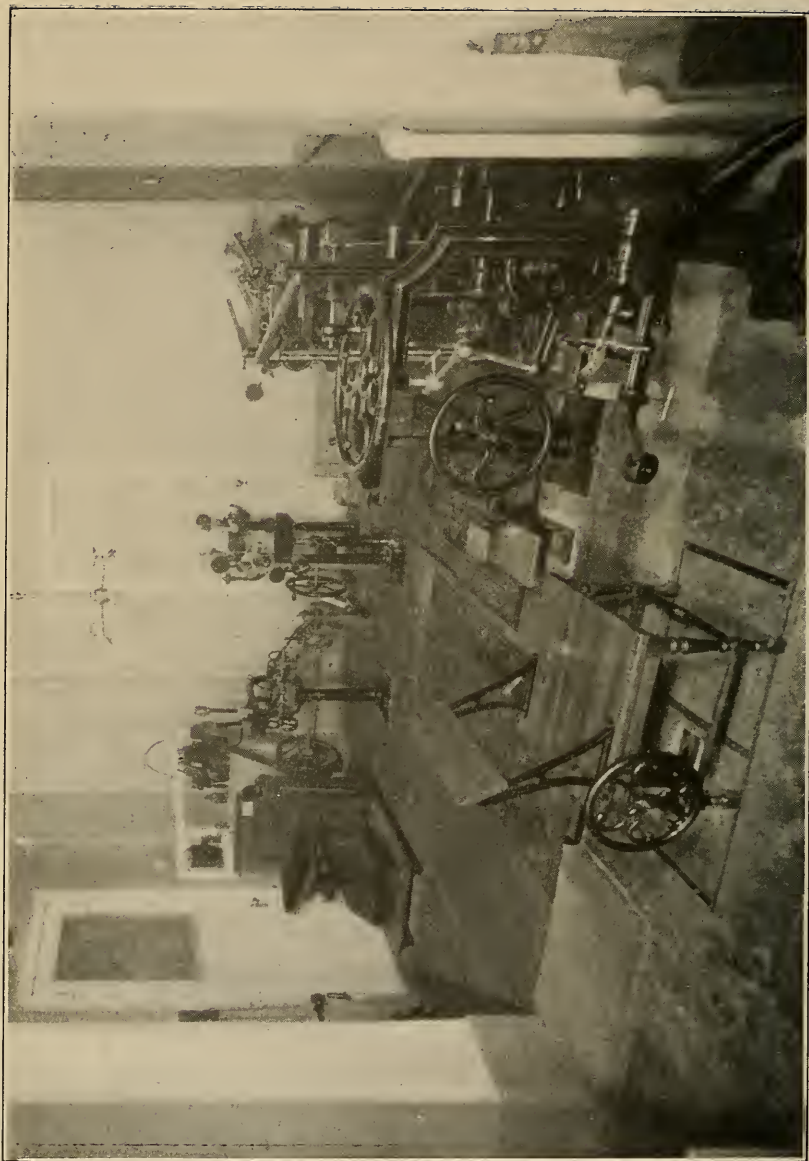
	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
Medical diseases .....	114	186	300
Meningitis (non-syphilitic) .....	1	0	1
Muscular atrophies, dystrophies and myasthenias .....	28	15	43
Multiple sclerosis .....	27	27	54
Neurasthenia group .....	240	227	467
Occupation disorders .....	27	8	35
Paralysis agitans .....	32	24	56
Paranoiac states .....	9	9	18
Peripheral nerves .....	221	146	367
Brachial plexus distribution.			
Lumbar plexus distribution, sciatica, etc.			
Multiple neuritis.			
Poliomyelitis .....	26	32	58
Psycho-neuroses .....	203	277	480
Undifferentiated.			
Anxiety neurosis.			
Compulsion neurosis.			
Post operative neurosis.			
Menopause neurosis.			
Tics.			
Psychasthenia.			
Traumatic Neurosis.			
Psychoses .....	36	54	90
Simple depression.			
Involution melancholia.			
Senile psychosis.			
Infective-exhaustive-toxic psychosis.			
Manic-depressive insanity .....	40	42	82
Spinal cord diseases, miscellaneous.....	37	20	57
Meningo-myelitis.			
Myelitis.			
Combined sclerosis.			
Lateral sclerosis.			
Syringomyelia.			
Spinal cord tumor.....	6	3	9
Surgical diseases .....	23	40	63
Syphilis of the central nervous system.....	123	61	184
Tabes dorsalis .....	88	32	120
Tremors .....	4	3	7
Unclassified .....	69	107	176
Vertigo .....	2	1	3

### Dispensary Patients Classified as to Nationality.

Armenia .....	2	Ireland .....	164
Austria .....	510	Italy .....	212
Australia .....	5	Mexico .....	2
Belgium .....	2	Norway .....	12
Bohemia .....	9	Poland .....	17
Brazil .....	1	Porto Rico .....	1
Canada .....	15	Roumania .....	121
China .....	1	Russia .....	1406
Cuba .....	1	Scotland .....	17
Denmark .....	4	South America .....	2
England .....	77	Servia .....	1
Finland .....	6	Spain .....	4
France .....	17	Sweden .....	16
Germany .....	363	Switzerland .....	11
Greece .....	11	Syria .....	1
Holland .....	6	Turkey .....	8
Hungary .....	251	United States .....	2172
East Indies .....	1	West Indies .....	10



ELECTRO-THERAPEUTIC ROOM



ZANDER MECHANICAL APPARATUS

# Total Treatments Given in Hospital and Dispensary.

1915	Hydrotherapy	Electrotherapy	Mechano- therapy	Massage	Baking	Total
December.....	955	1,026	145	432	334	2,892
January.....	870	989	106	619	358	2,942
February.....	737	901	98	599	310	2,645
March.....	809	1,060	165	716	340	3,090
April.....	881	961	111	578	377	2,908
May.....	874	1,045	130	579	423	3,051
June.....	1,041	1,036	111	582	459	3,229
July.....	904	1,007	119	503	317	2,850
August.....	862	968	120	601	295	2,846
September.....	906	1,002	138	580	355	2,891
October.....	1,080	1,284	334	800	334	3,832
November.....	550	1,178	133	634	445	2,940
						36,206

## SUPERINTENDENT'S REPORT.

---

*To the Trustees of the Neurological Institute of New York:*

*Gentlemen*—I take great pleasure in submitting the statistics for the year ending November 30, 1915.

But before doing so allow me again to call attention to the inadequacy of the facilities under which the work is done and the discouraging outlook that no other provision has yet been made to relieve the situation.

During the year a few necessities have been added: An electrical pump, a ventilating system in the Dispensary waiting-room, a new wall plate and static machine in electrical room, part of the electrical baking apparatus renewed, a dental chair and instruments, and the entire Hospital painted and renovated.

Through the generosity of two of your number, several new rugs were placed on the private floors; and the Hydrotherapy department was completely renovated, new Nauheim baths and apparatus, and an electric light bath cabinet added which contributes not only to the appearance of the Hospital but the comfort of the patient.

A continuous bath was also installed through kindness of a good friend of the Hospital.

I appreciate and am deeply grateful for the never-failing interest and help of the Board of Trustees, the loyalty of the Medical Staff and the co-operation of the different departments of the Hospital.

Respectfully submitted,

E. F. RIVINGTON,  
*Superintendent.*



# PATIENTS ADMITTED TO THE HOSPITAL.

Private—	1914.	1915.
Male .....	360	420
Female .....	204	199
Ward—		
Male .....	673	996
Female .....	508	624
Free—		
Male .....	36	74
Female .....	17	39
	<hr/>	<hr/>
	1,798	2,352

## NUMBER OF PATIENT-DAYS.

Private .....	4,007	3,374
Ward .....	17,132	20,700
Free .....	1,497	1,586
	<hr/>	<hr/>
	22,636	25,660

## DISPENSARY PATIENTS.

Number of patients.....	4,743	5,459
Treatments given.....	34,759	36,206

# Operating Expenses and Earnings for Three Years Each Ending November 30.

	EARNINGS			OPERATING EXPENSES			DEFICIT		
	1913	1914	1915	1913	1914	1915	1913	1914	1915
December (1912)	\$8,687.24	\$8,887.54	\$8,739.53	\$9,795.91	\$9,580.37	\$9,345.03	\$1,108.67	\$692.83	\$555.50
January	10,057.71	11,873.57	9,631.79	10,550.56	10,390.02	9,231.80	492.85	*1,483.55	*399.91
February	7,564.09	11,142.93	9,401.78	9,646.55	10,326.15	9,670.09	2,082.46	*816.78	268.31
March	7,661.73	11,191.74	11,665.31	9,326.63	10,974.26	10,905.69	1,664.90	*217.48	*759.62
April	7,770.96	9,646.89	9,707.07	9,197.53	10,007.04	10,577.82	1,426.57	360.15	870.75
May	9,668.10	8,949.49	10,513.77	9,309.62	9,277.97	10,095.54	*358.48	328.48	*417.83
June	8,025.10	8,329.20	10,014.36	9,607.24	9,432.39	10,491.68	1,582.14	1,103.19	477.32
July	5,377.86	7,227.23	9,860.62	8,476.37	9,022.16	10,887.44	3,098.51	1,795.93	1,090.52
August	4,874.98	5,418.53	7,679.47	7,763.11	8,259.92	9,509.13	2,888.13	2,831.39	1,829.66
September	6,574.75	7,776.20	7,180.71	7,871.71	8,595.52	9,737.19	1,296.96	819.32	2,556.48
October	10,479.74	8,951.94	9,874.80	9,485.91	9,480.99	10,239.73	*993.83	529.05	364.93
November	9,525.53	8,804.47	11,680.30	9,776.81	9,119.11	11,714.02	251.28	314.64	53.72
Total	\$96,267.79	\$108,199.73	\$115,999.51	\$110,807.95	\$114,465.90	\$122,405.16	\$14,540.16	\$6,257.17	\$6,489.75

\*Indicates surplus.

# Comparative Cash Statement for Three Years Ending November 30, 1915.

	<i>Receipts.</i>			<i>Disbursements.</i>		
	1913	1914	1915	1913	1914	1915
To Gross Earnings from:						
Private Patients.....	\$ 27,825.82	\$ 35,682.86	\$ 31,673.69	Salaries and wages.....	\$ 46,438.06	\$ 49,298.48
SP & Ward Patients.....	45,032.87	43,084.44	53,982.72	Provisions and supplies.....	22,007.85	23,523.35
Special Nursing.....	7,189.93	11,063.63	8,703.84	Rent.....	17,586.07	17,664.22
Dispensary and Treatment.....	9,229.01	10,591.11	11,244.46	Medicine and surgical supplies.....	5,853.30	6,202.94
Miscellaneous Receipts.....	6,990.16	7,778.19	10,394.80	House supplies.....	317.28	488.74
Total.....	\$ 96,267.79	\$108,199.73	\$115,999.51	Laundry.....	6,880.57	6,286.54
Less accounts charge of above.....	1,282.62	948.60	2,703.48	Printing, stationery and postage.....	1,357.78	1,336.39
Cash receipts.....	\$ 94,985.17	\$107,251.13	\$113,296.03	Telephone and telegraph.....	1,296.58	1,132.46
Advance payments from patients.....	1,227.77	1,426.61	982.58	Repairs and supplies.....	972.73	1,079.89
Donations as per list.....	22,139.41	17,986.84	11,363.41	Fuel and light.....	6,310.21	5,725.44
Balance at beginning of year.....	\$118,352.35	\$126,664.58	\$125,642.02	Hospital sundries.....	2,009.52	1,727.45
	7,772.62	11,388.54	14,073.72		\$110,807.95	\$114,465.90
				Less accounts unpaid of above.....	1,104.21	1,034.77
				Add unpaid bills of year previous.....	.....	1,484.73
					\$109,703.74	\$115,973.92
				Roof garden expenses.....	654.70	1,396.55
				Apparatus and instruments.....	67.61	120.71
				Furniture, fixtures and equipment.....	1,366.01	2,124.54
				Social service.....	2,644.37	3,902.97
				Prepaid expenses.....	300.00	484.00
				Corporation expense.....	.....	.....
				General miscellaneous.....	.....	.....
					\$114,736.43	\$123,979.40
				Balance in Fidelity Bank.....	7,046.35	6,244.69
				Cash in hands of Superintendent.....	800.00	800.00
				Balance in hands of Treasurer 11/30....	3,542.19	7,029.03
					\$126,124.97	\$138,053.12
						\$139,715.74

## REPORT OF SUPERVISOR OF NURSES.

---

*To the Trustees of the Neurological Institute of New York:*

Gentlemen—To the postgraduate course for the instruction of nurses has been added classes in practical nursing to make the system uniform throughout the Hospital.

We appreciate the continued kindness of the Medical and Surgical Staff in giving the following splendid lecture course and for the care of the nurses in illness.

### Lectures:

Nursing in Brain Diseases.....	Foster Kennedy, M.D.
Nursing in Brain and Spinal Cord Surgery,	
Harold Neuhoof, M.D., James H. Kenyon, M.D.	
Nursing in States of Excitement.....	Thaddeus Ames, M.D.
Nursing in Drug and Alcohol Cases.....	Thaddeus Ames, M.D.
Anatomy and Physiology of the Brain and Spinal Cord,	
C. Burns Craig, M.D.	
Anatomy and Physiology of the Nervous System..	C. Burns Craig, M.D.
Pathological Conditions of the Spinal Cord.....	Thaddeus Ames, M.D.
Significance of Laboratory Tests.....	David M. Kaplan, M.D.
Nursing in States of Depression.....	Louis Casamajor, M.D.
Observation, Differentiation and Immediate Treatment of Fits,	
Foster Kennedy, M.D.	
Emergency Care of the Insane.	
Nursing in Dementia.....	Louis Casamajor, M.D.
Illusions, Delusions and Hallucinations....	Junius W. Stephenson, M.D.
Neurasthenia, Psychasthenia, Hysteria....	Junius W. Stephenson, M.D.
Nursing in Nervous Diseases.	
Psychology.....	Mr. Frederick Ellis

### CLASS AND DEMONSTRATION WORK.

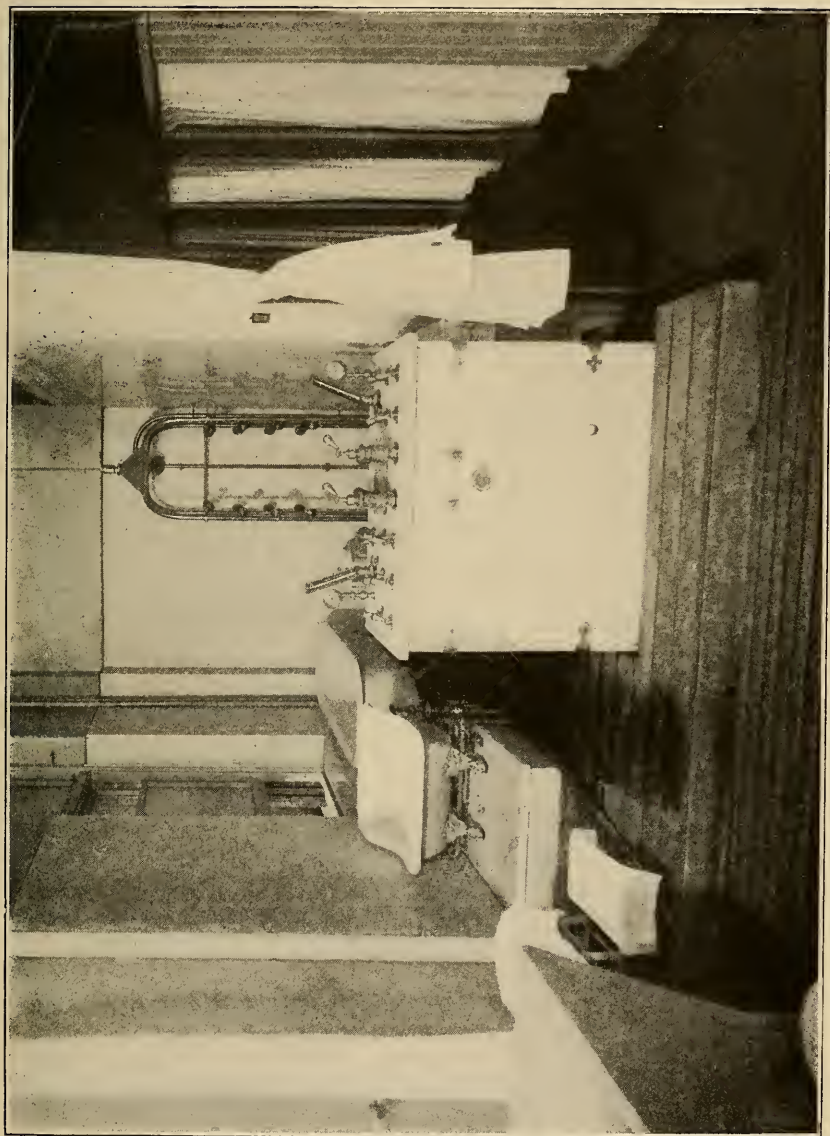
Electrotherapy.....	Dr. Evans.....	6 classes
Mechanotherapy and Massage.....	Mr. Nelson.....	8 classes
Hydrotherapy .....	Miss O'Brien.....	16 classes
Occupation .....	Miss Cousins.....	24 classes
Mental Tests .....	Miss Hannahs.....	2 classes
Practical Nursing .....	Miss Dwyer.....	8 classes

During the year, one hundred and seven nurses applied to take the course. Forty-one entered, seventeen were graduated and fourteen are still in training.

Respectfully submitted,

E. F. RIVINGTON, R. N.,

*Supervisor of Nurses.*



HYDRO-THERAPEUTIC ROOM





DISPENSARY RECEPTION ROOM



## REPORT OF OCCUPATION DEPARTMENT.

---

Total number of patients working..... 403

Pieces of work completed:

Reed baskets ..... 74

Raphia—

Baskets ..... 47

Bags ..... 13

Lamp shades ..... 10

Knitting and crocheting..... 78 pieces

Sewing ..... 240 pieces

Embroidering ..... 27 pieces

Chair caning ..... 25 chairs

Typewriting ..... 200 pages

Printing—

Census Slips.....1500

Treatment Cards.....2000

Diet Slips.....1000

Miscellaneous .....1000

## REPORT OF THE DEPARTMENT OF SOCIAL RESEARCH.

---

*To the Trustees of the Neurological Institute of New York:*

*Gentlemen*—During this year 516 persons have been registered in this department. This number is slightly below that of last year, but the proportion of social service cases to the total registration of patients in the Institute is still quite high as compared with that in other hospitals.

The decrease in registration is principally due to the fact that fewer cases have been received of school children brought only for a mental test. The time thus saved from mental testing has been given to a more intensive study of the social needs of patients coming in the regular way from our own hospital and dispensary.

The type of child sent to us for a mental test only is usually interesting, both socially and neurologically; but at the same time that these children have been presented in increasing numbers, the attendance in the dispensary has also grown, so that the pressure of the local demands for mental tests and for social service has been felt more and more. In the face of this double pressure it has been necessary to emphasize the fact that this department is organized mainly for social service, and that it is impossible, under present conditions, to make it serve the purposes of a general mental testing clinic. The need of another such mental testing clinic in New York is great, and the Neurological Institute is an unusually favorable point at which to locate one. However, there has seemed to be no other logical step to take but to restrict our efforts to meet the demands of our own situation. In the interests of the better organization of the work the mental testing during this year has been concentrated in the hands of one person, leaving the other members of the staff free for the more strictly social service work. This has also made it possible to issue the reports on the mental tests more promptly and in uniform shape.

In all 304 mental tests have been given during the year. These varied from brief interrogations to extended tests of mental efficiency, covering three or four hours. The majority of these

tests were made at the requests of the physicians in the interests of their diagnosis. Others were made in the interest of a better definition of the social needs and abilities of the patients. It is gratifying to record a steadily increasing recognition of the practical value of these tests as an aid to clinical diagnosis.

The outlook for social service work in this department has improved greatly during the year. The work of the department has been better done, as experience has accumulated, and as the organization of the work has improved. The success of its work for convalescents, and for those in financial need, must always depend largely on the number of special agencies to which it can appeal for help. During the past year there have been several important additions to these sources of aid, and the possibility of securing after care for those suffering from nervous disorders is greater than in past years.

The most important fact to record is that provision has been made for the employment of one or more field workers. This meets a need that has long been urgent, and makes possible, at last, the organization of a real social service work. It is proposed, with the help of these assistants, to become more thoroughly acquainted with the causes of some of the prevalent functional nervous disorders, and especially to keep up an acquaintance with patients after their discharge from the hospital. In this way it is hoped that the efforts for the patients made while they were residents in the hospital will terminate more successfully, and to the greater satisfaction of both patients and physicians. There is urgent need of a small fund which can be drawn on in cases where immediate help is desirable. Not all of the cases of financial distress can be met promptly, some of them cannot be met at all, by reference to established relief agencies. The sum needed is not large; the relief it will bring to those suffering from nervous tension will be very great.

The department deeply appreciates the cordial interest expressed from many sources, and is especially grateful for the generosity of those who have made possible the long hoped for extension of its field work.

Respectfully submitted,

FREDERICK W. ELLIS.

## DONATIONS.

---

Donations of money received during the year ending November 30, 1915:

Miss Mary Gertrude Edson Aldrich	Mr. Charles W. Harkness
Anonymous	Mrs. Alice W. Hodges
Mr. Abraham Beller	Dr. J. Ramsay Hunt
Mr. M. C. Bouvier	Mr. J. S. Jacobs
Mr. Frank V. Burton	Mr. Ed. J. Levine
Mr. Ernest T. Carter	Mr. E. B. Levy
Mrs. Charles Henry Coster	Mrs. E. Moses
Miss Mabel Choate	Mrs. Clarence Blair Mitchell
Mr. Richard M. Colgate	Mr. Clarence Blair Mitchell
Mr. Henry De Coppet	Mrs. Charles Neave
Mrs. William P. Douglas	Mrs. Henry C. Pickands
Mrs. Max Dansiger	Miss Inez C. Pollock
Mr. James Douglas	Mr. G. W. Spitzner
Dr. Charles A. Elsberg	Miss Mary Prentice Talmage
Mr. M. Eisman	Mr. Frank G. Thomson
Mrs. James B. Ford	Miss M. V. S. Thorn
Mrs. H. Winthrop Gray	Mr. Henry De Forest Weeks
Mr. Daniel Guggenheim	Mrs. Louis F. Wolff

A generous donation defrayed the expense of printing the Clinical Conference Records for 1914-1915.

During the year the patients in the Institute appreciated the following gifts: Christmas decorations, and trees, holly, cut flowers and plants, dolls and games, picture books and a music box for the children, new chairs, a rug for children's ward, an afghan, 6 new records for piano player, Easter decorations, plants and cut flowers, 44 books and magazines, jellies, jam and marmalade, rugs, a continuous bath and apparatus, a portable battery, from:

Mrs. Campbell Clarke	Mr. Samuel Hunter
Mrs. H. G. Chapman	Mr. and Mrs. W. G. Ladd
Dr. Charles A. Elsberg	Mr. R. P. Perkins
Mr. Al Hayman	Mr. Chauncey B. Rice
Miss Gertrude Hencken	Mrs. E. Smith
Mr. and Mrs. Amory G. Hodges	Mr. Joseph Spafford

Contributions to the Social Research Work were received from Dr. Pearce Bailey, Dr. Charles A. Elsberg, Dr. Frederick Peterson, New York Probation and Protective Association.

Through the generosity of a friend one of the offices of the Social Research Department was attractively refurnished.









### Form of Bequest

I give and bequeath to the NEUROLOGICAL INSTITUTE OF NEW YORK, a corporation created in the year 1909, under the Laws of the State of New York, or to the Treasurer thereof for the time being, for its corporate purposes, the sum of..... dollars.

---

### Form of Devise of Real Estate

I give and devise to the NEUROLOGICAL INSTITUTE OF NEW YORK, a corporation created in the year 1909, under the Laws of the State of New York, for its corporate purposes, all that, etc.  
(Here describe the property.)

FILE COPY  
NOT TO BE TAKEN  
FROM ROOM.  
HARRISON WILSON

MACCOLLECTION

**SEVENTH ANNUAL REPORT**

OF

**THE NEUROLOGICAL  
INSTITUTE**

OF

**NEW YORK**

**FOR THE YEAR ENDED  
NOVEMBER 30, 1916**

**NEW YORK CITY**

**149-151 EAST 67TH STREET**













SEVENTH ANNUAL REPORT

OF

THE NEUROLOGICAL  
INSTITUTE

OF

NEW YORK

FOR THE YEAR ENDED  
NOVEMBER 30, 1916

NEW YORK CITY  
149-151 EAST 67TH STREET

**THE NEUROLOGICAL INSTITUTE  
OF NEW YORK**

For the Study and Treatment of Nervous and  
Mental Diseases

Incorporated 1909

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For the Year Ending November 30, 1917.

### OFFICERS.

ROBERT P. PERKINS,  
*President.*

HARRISON WILLIAMS,  
*Treasurer.*

SHERMAN DAY,  
*Secretary.*

---

### EXECUTIVE COMMITTEE.

AMORY G. HODGES

THEODORE ROOSEVELT, JR.

WALTER G. LADD

RICHARD H. WILLIAMS

The PRESIDENT and TREASURER, *ex-officio.*

---

### FINANCE COMMITTEE.

HARRISON WILLIAMS

RICHARD H. WILLIAMS

R. THORNTON WILSON

---

### TRUSTEES.

CHARLES L. DANA, M.D.

THOMAS F. RYAN

SHERMAN DAY

CHARLES SCRIBNER

AMORY G. HODGES

FRANK G. THOMSON

H. K. KNAPP

ROBERT THORNE

WALTER G. LADD

ISAAC TOWNSEND

CLARENCE B. MITCHELL

HARRISON WILLIAMS

ROBERT P. PERKINS

RICHARD H. WILLIAMS

THEODORE ROOSEVELT, JR.

R. THORNTON WILSON



For the Year Ending November 30, 1917.

**MEDICAL BOARD.**

JOSEPH COLLINS, M.D.  
FREDERICK PETERSON, M.D.  
PEARCE BAILEY, M.D.  
CHARLES A. ELSBERG, M.D.

---

**CONSULTANTS.**

**Neurologists.**

CHARLES L. DANA, M.D. J. RAMSAY HUNT, M.D.

**Alienist.**

\* WILLIAM MABON, M.D.

**Physicians.**

WALTER B. JAMES, M.D. VAN HORNE NORRIE, M.D.

**Surgeon.**

ROBERT ABBE, M.D.

**Gynecologists.**

J. CLIFTON EDGAR, M.D. JAMES W. MARKOE, M.D.

**Dermatologist.**

JOHN A. FORDYCE, M.D.

**Orthopedic Surgeon.**

VIRGIL P. GIBNEY, M.D.

**Laryngologist.**

WILLIAM LEDLIE CULBERT, M.D.

**Otologist.**

EDWARD BRADFORD DENCH, M.D.

**Ophthalmologist.**

WARD A. HOLDEN, M.D.

**Assistant Ophthalmologist.**

WALTER B. WEIDLER, M.D.

**Enterologist.**

JEROME MORLEY LYNCH, M.D.

\* Deceased.

For the Year Ending November 30, 1917.

## MEDICAL STAFF.

### FIRST DIVISION.

JOSEPH COLLINS, M.D.,  
*Physician to the Neurological Institute.*

EDWIN G. ZABRISKIE, M.D.,  
C. BURNS CRAIG, M.D.,  
*Assistant Physicians.*

HENRY K. MARKS, M.D.,  
*Chief of Clinic.*

R. FINLEY GAYLE, M.D.,  
*Resident Physician.*

### Assistants in Outdoor Department.

JAMES L. JOUGHIN, M.D.	ALEXANDER H. WILLIAMSON, M.D.
WALTER CLARK HAUPT, M.D.	SANTE NACCARATI, M.D.
FILIPPO CASSOLA, M.D.	MERRITT W. BARNUM, M.D.

HENRY W. MILLER, M.B.

---

### SECOND DIVISION.

FREDERICK PETERSON, M.D.,  
*Physician to the Neurological Institute.*

R. FOSTER KENNEDY, M.D.,  
*Assistant Physician.*

JUNIUS W. STEPHENSON, M.D.,  
*Chief of Clinic.*

THOMAS K. DAVIS, M.D.,  
*Resident Physician.*

### Assistants in Outdoor Department.

ROBERT E. POU, M.D.	RUSSELL G. MACROBERT, M.D.
FLORIZEL DE L. MYERS, M.D.	JACOB FISK, M.D.
HERBERT C. CHASE, M.D.	GUSTAVE F. BOEHME, M.D.

---

### THIRD DIVISION.

PEARCE BAILEY, M.D.,  
*Physician to the Neurological Institute.*

WALTER B. TIMME, M.D.,  
*Assistant Physician.*

MORRIS J. KARPAS, M.D.,  
*Chief of Clinic.*

JAMES H. HUDDLESON, M.D.,  
*Resident Physician.*

### Assistants in Outdoor Department.

LEIZER GRIMBERG, M.D.	NORMAN SHARPE, M.D.
J. B. GERE, M.D.	JAMES M. O'NEILL, M.D.
ROYAL G. CANNADAY, M.D.	JOHN F. W. MEAGHER, M. D.
HENDERSON B. DEADY, M.D.	

For the Year Ending November 30, 1917.

### SURGICAL STAFF.

CHARLES A. ELSBERG, M.D.,  
*Surgeon to the Neurological Institute.*

ALFRED S. TAYLOR, M.D.,  
*Associate Surgeon.*

Assistants to the Surgeon.

HAROLD NEUHOF, M.D.

JAMES H. KENYON, M.D.

### LABORATORIES.

Clinical and Research.

DAVID M. KAPLAN, M.D.  
*Director.*

MISS RUTH SHIVITZ,  
*Assistant.*

Histological and Neurological.

JAMES B. GERE, M.D.,  
*Director.*

HENRY R. MÜLLER, M.D.,  
*Assistant.*

Roentgenographer.

ARCHIBALD P. EVANS, M.D.

### DENTIST.

WILLARD B. FORCE, D.D.S.

### THERAPEUTIC DEPARTMENT.

In Charge of Applied Therapeutics.

EDWARD L. ROCHFORD, M.D.,  
*Resident Interne.*

### HEADS OF THERAPEUTIC DEPARTMENT.

Hydrotherapy.

ELIZABETH WILLIAMS

JOHN HOMMEL

Massage and Mechanotherapy.

CHARLES NELSON.

ANNA LARSEN

J. E. DESSLE

BETSY ANDERSEN

ELIZABETH LARSEN

K. ANDERSEN

Gymnastics.

HENRY NEIDEREE

For the Year Ending November 30, 1917.

DEPARTMENT OF SOCIAL RESEARCH.

FREDERICK W. ELLIS,  
*Director.*

E. HELEN HANNAHS,  
*Associate in Psychology.*

LULA H. RAINEY,  
*Social Investigator.*

---

THE LABORATORY SCHOOL.

ELEANOR H. JOHNSON,  
*Executive Officer.*

SARAH E. FISK,  
*Director of Teaching.*

FREDERICK W. ELLIS,  
*Director of Laboratory.*

ESTELLE DE YOUNG,  
*Assistant in Psychology.*

For the Year Ending November 30, 1917.

Superintendent.  
ESTHER F. RIVINGTON, R.N.

Supervisor of Nurses.  
M. GERTRUDE DWYER, R.N.

Cashier.  
EDWARD A. POWERS.

Registrar.  
A. ROBINSON.

Housekeeper.  
ARVILLA VAN ZANDT.

Night Supervisor.  
HELEN DAVIDSON.

Dispensary Supervisor.  
KATHERINE PHELAN.

Private Floors.  
LILLIAN M. HAM, R.N.

Women's Wards.  
SUSAN M. TAYLOR, R.N.

Men's Wards.  
SARAH DANNECKER, R.N.

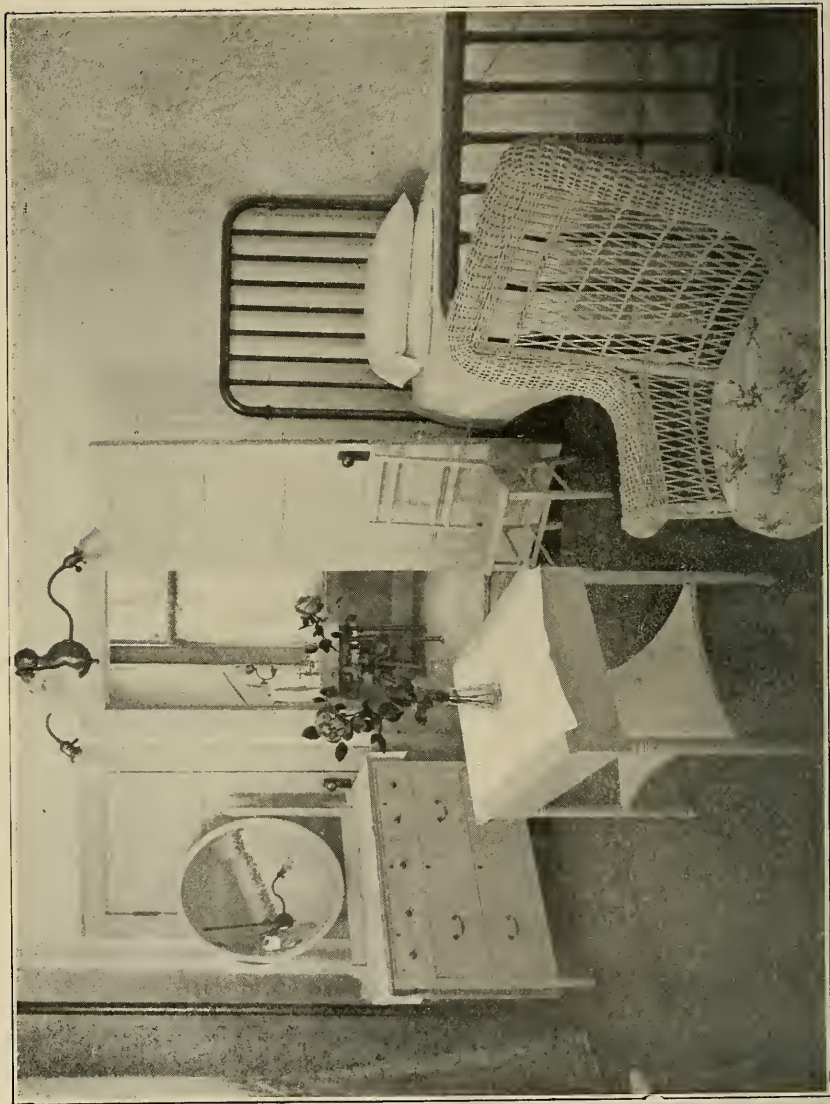
Occupation Department  
LAURA B. LAFORCE, R.N.

The Following Reports and Statistics are for the Year  
Ended November 30, 1916.





LABORATORY



## REPORT OF THE EXECUTIVE COMMITTEE.

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*To the Trustees of the Neurological Institute of New York:*

*Dear Sirs*—At the end of the seventh fiscal year we are glad to report that the work has been carried on with undiminished efficiency, notwithstanding the disadvantages in equipment and building under which the Neurological Institute has labored. The Executive Committee is more convinced than ever of the real need for the Institute, and of the service it renders to the community. The wards are constantly in an overcrowded condition as are also the private rooms. Numerous testimonials of gratitude have been received from patients.

The scope of this institution would be immeasurably widened and its development along broader lines insured should the necessary funds be raised for the erection of a modern and properly equipped building. The lines of work which at present, on account of limited facilities, are hardly touched on, would be followed out to the general benefit of the community and medical science.

Many neuropathic individuals, especially children, could receive the care of the out-patient department, which it is impossible at present to give them, and yet such care if given at this time might result in the shifting of the child, when mature, from a liability to an asset to the community.

On account of the appeal of this work from both the scientific and humanitarian aspects, the Executive Committee feels confident that if the situation were properly placed before the public sufficient funds would be forthcoming to build a thoroughly equipped and modern hospital along the lines necessary. The immediate necessity for these funds is indicated by the fact that, though it has been unable to add to its equipment and facilities, the Neurological Institute has been under an ever increasing pressure of work. The Executive Committee trust that before the next annual meeting, the trustees will make such efforts as will result in the raising of sufficient funds to build and equip an appropriate hospital.

Respectfully submitted,

THEODORE ROOSEVELT, JR.,

*For the Executive Committee.*

February 13, 1917.

## REPORT OF THE MEDICAL BOARD.

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*To the trustees of the Neurological Institute of New York.*

*Gentlemen*—I beg to submit herewith the seventh annual report of the Medical Board, for the year ending November, 30, 1916.

In spite of our belief, as expressed in last year's report, that the Institute had reached the limit of its capacity in its present cramped quarters, more work has been done in the past year than in the year which preceded it.

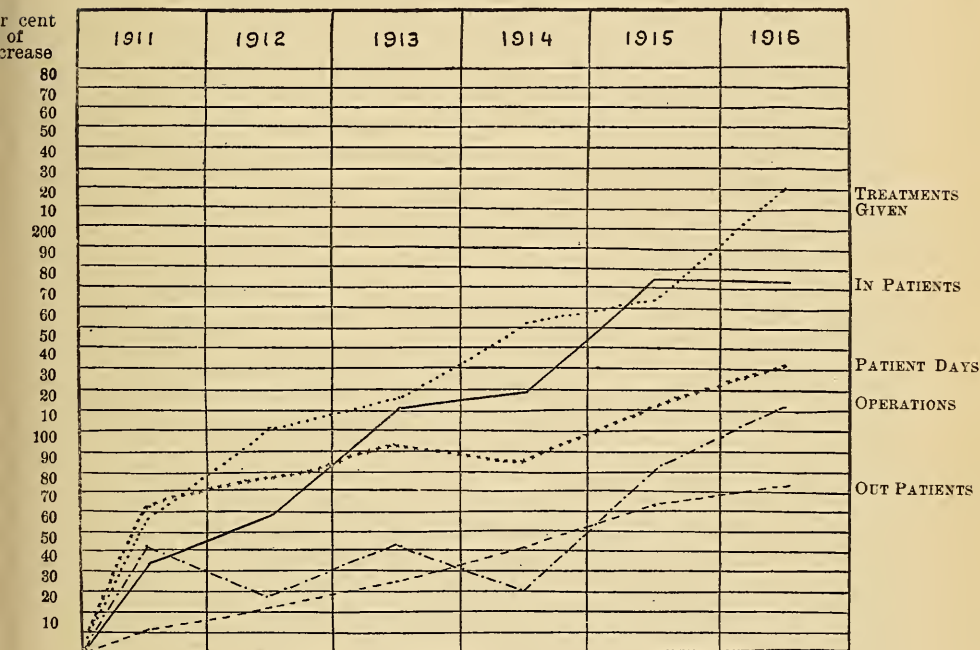
From the figures for 1916 given below and correlated with those of former years, it will be seen that there were 328 more admissions to the dispensary, more than 1 more admission a day, than in 1915, and more than 7,000 additional treatments. There were 3 fewer admissions to the hospital, but the hospital days, which are the true indices of the capacity of this service, increased from 25,660 in 1915 to 28,339 in 1916. 12 more operations were performed.

	1910.	1911.	1912.	1913.	1914.	1915.	1916.
Number of In-Patients.....	825	1,185	1,378	1,819	1,798	2,352	2,349
Number of Patient Days...	11,555	19,856	21,575	23,450	22,636	25,660	28,339
Number of Out-Patients....	3,145	3,557	3,865	4,253	4,753	5,426	5,754
Number of Treatments given	13,208	22,335	27,858	29,954	34,759	36,206	43,635
Number of Operations performed .....	70	90	78	104	81	115	125
Number of Major Operations on brain and spine cord..	36	55	46	54	48	69	80



Dr. Elsberg has arranged these figures with the year 1910 as a basis of comparison, in a graphic chart, which shows the percentage of increase in the various departments up to date. The balance between the numbers of in-patients and patient-days indicates that the full capacity of the wards was reached in 1915.

**Graphic Chart Showing Percentage of Increase.**



The steady increase in the work of the Institute, the increasing demand on the part of the public for what it and no other organization gives, seems a final argument as to the justification of its creation and the best compliment as to the way it is run. But the uncomfortable congestion in every department is beginning to tax the good nature of everyone. Dispensary patients, after being kept waiting, are often turned away for the

reason that either space or time are wanting for the purpose of examining them; private patients, who so often prove warm friends, are too frequently told there are no rooms and go elsewhere and so are lost to the Institute. Applications for admission to the wards must be made days in advance and if the applicant for admission is late in arriving, he is promptly penalized by losing his place. The admission of ward patients has become almost a scramble between admitting officers.

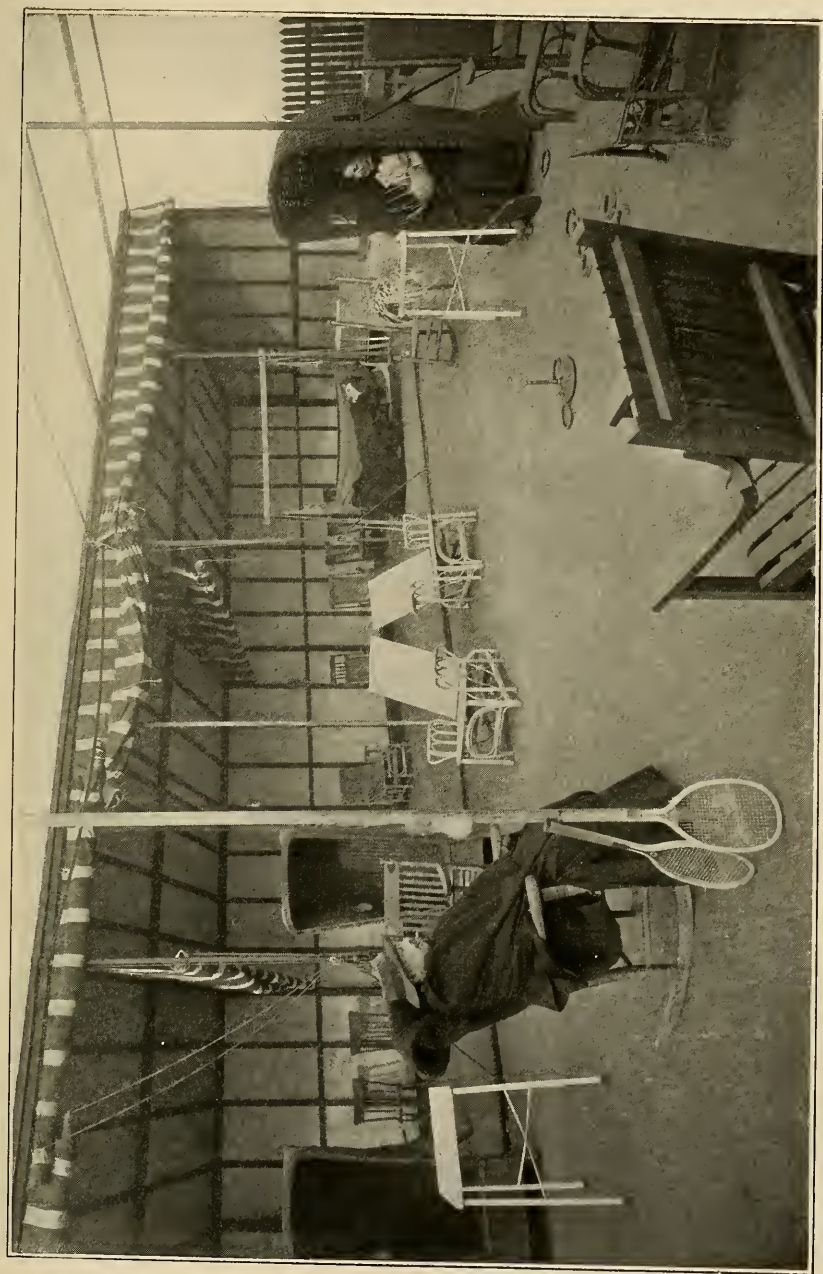
The Institute today is a machine running continuously at its highest capacity. No machines are constructed to stand a strain like that. We all feel that if the Institute does not soon increase the capacity and equipment it must make plans to cut down its work.

The inauguration of a record clerk has been of great value. It has on the one hand made the mass of material accumulated in all these years available for reference; and it has especially emphasized all defects which had existed in past histories and other records, and has taught us how to make better ones.

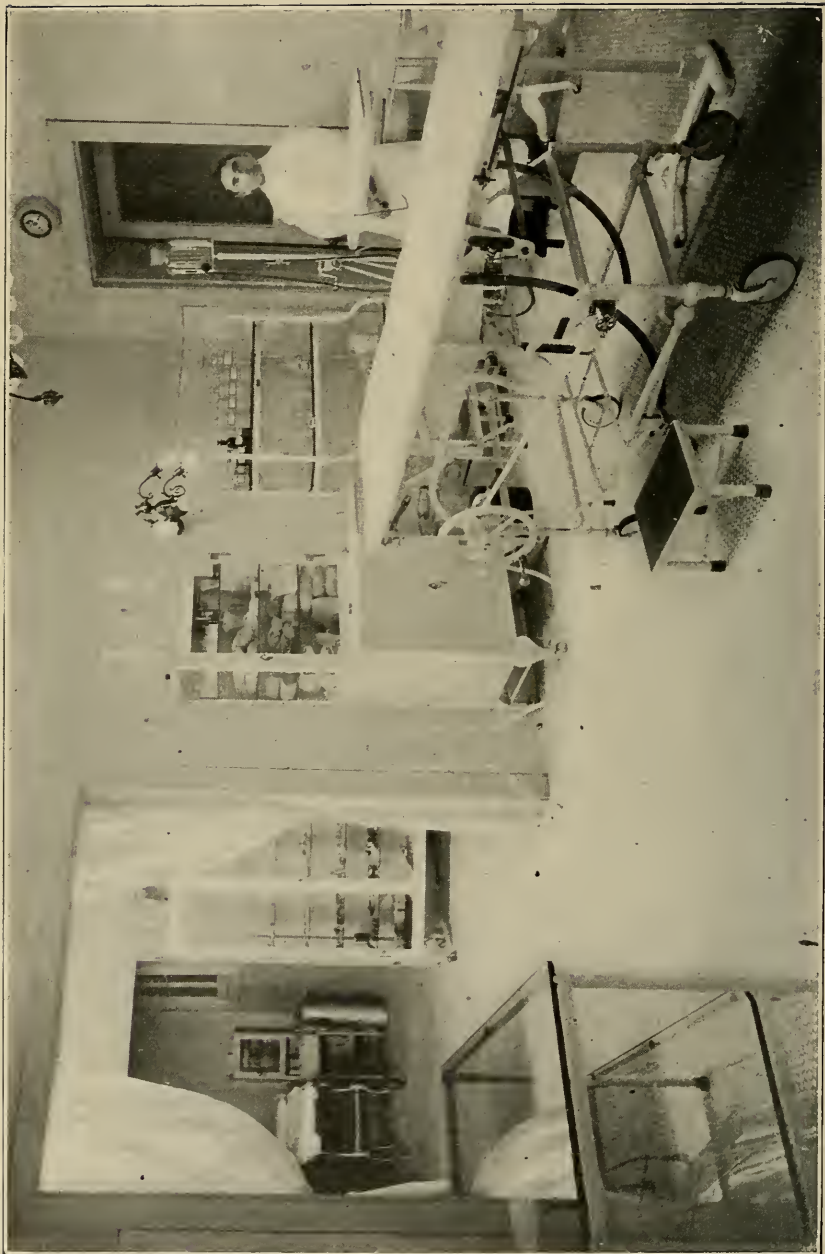
The clinical conferences are held every week during the winter and show a constantly increasing attendance, not only on the part of the physicians connected with the Institute, but outsiders also. The third report of these conferences was published during the summer.

The most important extension of the Institute's work has been the establishment of the experimental clinical school, which is undertaking to educate backward children of superior grade. Friends of Mr. Ellis contributed funds sufficient to effect the establishment of this school, through Miss Eleanor Johnson, for one year. Under the name of the Laboratory School of the Neurological Institute, it has secured quarters at 157 East 72nd Street, New York City, with the following officers: Miss Sarah





PORTION OF ROOF GARDEN



OPERATING ROOM

E. Fisk, Director of Teaching; Mr. Frederick W. Ellis, Laboratory Director; Miss Estelle De Young, Laboratory Assistant; Miss Eleanor H. Johnson, Executive officer. The school is now in active operation and is working with the co-operation of the Medical Board. It aims to educate such children as have failed to progress in the public schools, although their physical or mental inability can probably be corrected by treatment and in some cases permanently relieved. The purpose of the present effort is to determine just how much can be obtained by this special education, and what the best methods are.

The Hospital took care of ten cases of infantile paralysis during 8 weeks of the summer. The patients were sent by the Board of Health and treated in quarantine. No cases developed in the hospital. The Medical Board has recently signified its desire to co-operate with the Committee on After Care of Infantile Paralysis and has offered to receive and treat in the dispensary twenty cases.

Respectfully submitted,

PEARCE BAILEY, M.D.,

*Secretary of the Medical Board.*

## HOSPITAL STATISTICS

# Number of Patients Admitted to the Hospital According to Services.

SERVICE	REMAIN- ING IN HOUSE Nov. 30, 1915			ADMITTED			TOTAL TREATED			Dis- CHARGED			RECOVERED OR IMPROVED			NOT IMPROVED			NOT TREATED			DIED			REMAIN- ING IN HOUSE Nov. 30, 1916		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
1st Div.....	24	16	40	607	348	955	605	347	952	609	348	957	520	274	794	81	67	148	2	1	3	4	6	10	22	16	38
2nd Div.....	9	14	23	430	232	662	428	232	660	424	236	660	345	181	526	73	45	118	2	2	4	10	6	16	15	10	25
3rd Div.....	19	5	24	504	228	732	504	227	731	515	224	739	310	135	445	189	89	278	.	1	1	5	3	8	8	9	17
	52	35	87	1541	808	2349	1537	806	2343	1548	808	2356	1175	590	1765	343	201	544	4	2	6	19	15	34	45	35	80

## Cases Treated in the Hospital.

	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
Aphasia .....	3	1	4
Bone, joint and muscle diseases.....	16	17	33
Brain diseases, miscellaneous.....	29	12	41
Hydrocephalus.			
Encephalitis.			
Cerebral arteriosclerosis.			
Developmental defects.			
Brain tumor.....	30	32	62
Cardio-vascular system.....	20	17	37
Heart diseases.			
Arteriosclerosis general.			
Angio-neurotic group.			
Constitutional inferiority.....	10	11	21
Psychopathy.			
Backward children.			
Imbeciles and idiots.			
Stutterers and stammerers.			
Chorea .....	13	31	44
Cranial nerves.....	7	3	10
Fifth and seventh.			
Dementia praecox.....	22	9	31
Ductless gland diseases.....	13	29	42
Thyroid.			
Pituitary.			
Adrenals.			
Ovaries.			
Epilepsies .....	43	39	82
Ear diseases.....	3	0	3
General paresis .....	150	23	173
Headache .....	5	5	10
Hemiplegia .....	32	21	53
Hysteria .....	7	41	48
Intoxications .....	41	17	58
Auto-intoxication.			
Drugs.			
Alcoholism.			
Lues .....	233	76	309
Medical diseases .....	20	28	48



	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
Meningitis (non-syphilitic) .....	1	1	2
Muscular atrophies, dystrophies and myasthenias	8	5	13
Multiple sclerosis .....	15	16	31
Nose and throat .....	0	0	0
Neurasthenia .....	26	31	57
Occupation disorders .....	3	0	3
Paralysis agitans .....	7	6	13
Paranoic states .....	2	3	5
Peripheral nerves .....	50	50	100
Brachial plexus distribution.			
Lumbar plexus distribution, sciatica, etc.			
Multiple neuritis.			
Poliomyelitis .....	9	9	18
Psycho-neuroses .....	52	47	99
Undifferentiated.			
Anxiety neurosis.			
Compulsion neurosis.			
Post operative neurosis.			
Menopause neurosis.			
Tics.			
Psychasthenia.			
Traumatic neurosis.			
Psychoses .....	22	39	61
Manic depressive insanity.....	11	38	49
Spinal cord diseases, miscellaneous.....	38	23	61
Meningo-myelitis.			
Myelitis.			
Combined sclerosis.			
Lateral sclerosis.			
Syringomyelia.			
Spinal cord tumor.....	22	7	29
Surgical diseases .....	8	8	16
Syphilis of the central nervous system.....	237	50	287
Tabes dorsalis .....	312	53	365
Unclassified .....	21	10	31
Vertigo .....	0	0	0
Visceral diseases .....	0	0	0

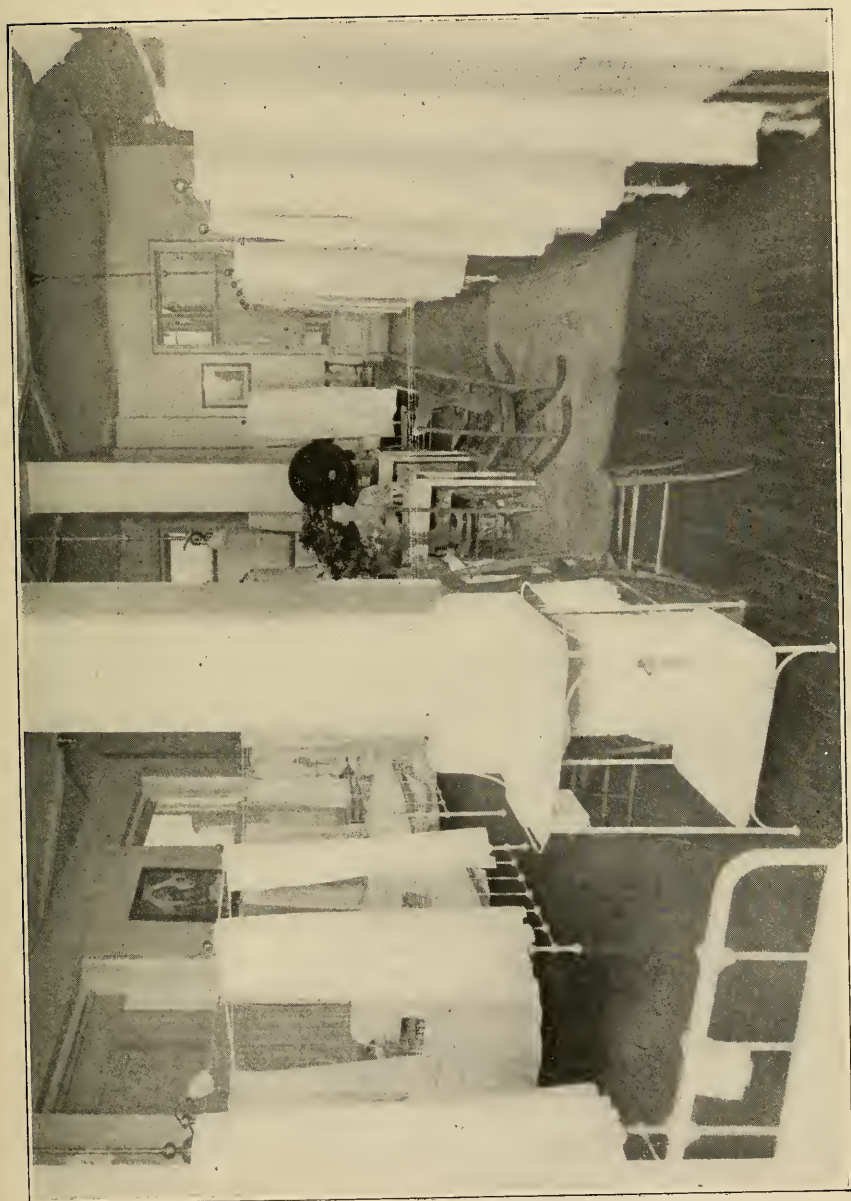
## Hospital Patients Classified According to Nationality.

	<i>Male.</i>	<i>Female.</i>
Austria .....	151	35
Bavaria .....	1	0
Belgium .....	2	1
Bermuda .....	1	0
Bohemia .....	9	0
Canada .....	9	6
Cuba .....	1	1
Denmark .....	2	2
England .....	20	18
Finland .....	1	2
France .....	8	13
Germany .....	165	131
Greece .....	12	0
Holland .....	3	0
Hungary .....	18	22
Ireland .....	68	25
Italy .....	80	23
Mexico .....	2	0
Norway .....	3	1
Poland .....	2	1
Roumania .....	17	12
Russia .....	166	104
Scotland .....	9	3
Spain .....	2	2
South America .....	3	1
Sweden .....	19	5
Switzerland .....	2	1
Turkey .....	8	2
United States .....	750	396
West Indies .....	7	1

## Report of Operations Performed.

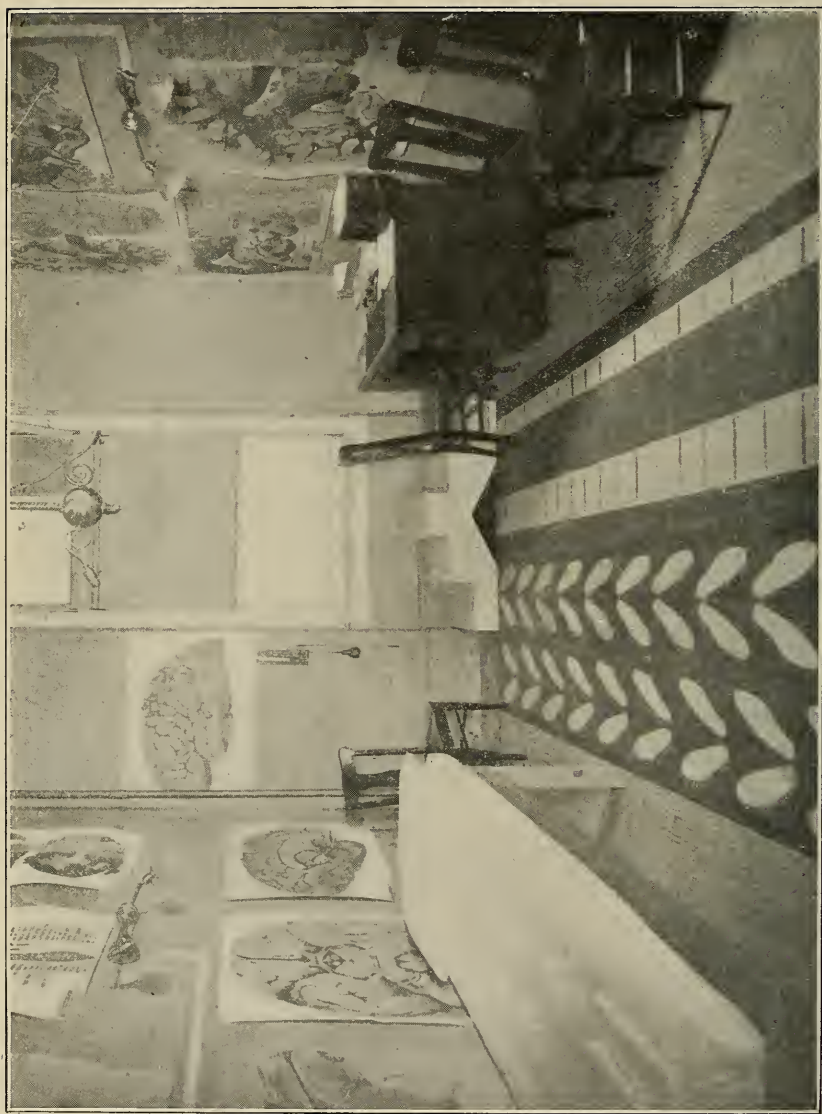
	No.
Total number of operations.....	125
Deaths .....	10*
Operations on the brain.....	54
Deaths .....	6
Craniotomy, exploratory for irremovable tumor with subtem- poral decompression .....	5
Craniotomy, exploratory .....	2
Craniotomy, exploratory, old fracture of skull.....	1
Craniotomy, localized pachymeningitis .....	1
Craniotomy, aneurism of internal carotid artery.....	1
Craniotomy, angioma of cortex .....	1
Craniotomy, removal of subcortical tumor.....	2
Craniotomy, drainage of brain abscess.....	1
Craniotomy, right subtemporal decompression.....	11
Craniotomy, left subtemporal decompression.....	1
Craniotomy, bilateral subtemporal decompression.....	2
Puncture of corpus callosum.....	4
Puncture of corpus callosum with right subtemporal decompres- sion .....	2
Craniotomy, division of sensory root of trigeminus for neural- gia .....	5
Craniotomy, suboccipital, exploratory, for cerebellar tumor....	2
Craniotomy, suboccipital, decompressive, irremovable tumor...	4
Craniotomy, suboccipital, removal of cerebellar tumor.....	1
Craniotomy, suboccipital, removal of tumor of cerebello-pontine angle .....	2
Sellar decompression for tumor of hypophysis.....	6
Operations on the spinal cord.....	26
Deaths .....	4
Laminectomy, removal of extramedullary tumor.....	1
Laminectomy, removal of tumor of cauda equina.....	2
Laminectomy, removal of knife blade from cord.....	1
Laminectomy, removal of extradural sarcoma.....	2
Laminectomy, drainage of extradural abscess.....	1
Laminectomy, exploratory, decompressive, multiple sclerosis..	5
Laminectomy, decompressive, intramedullary tumor.....	2
Laminectomy, decompressive, meningo-myelitis.....	2
Laminectomy, decompressive, old fracture of spine.....	1
Laminectomy, decompressive, division of adhesions, localized arachnitis .....	2

	No.
Laminectomy, decompressive, pachymeningitis.....	1
Laminectomy, excision of varicose veins of cauda.....	1
Laminectomy, plastic for ruptured spina bifida.....	1
Laminectomy, division of posterior roots for spastic paraplegia.....	2
Laminectomy, division of posterior roots for intercostal neuralgia .....	1
Laminectomy, division of posterior roots for pain from irremovable tumor of chest wall.....	1
Operations on the peripheral nerves... ..	
Neurorrhaphy for brachial palsy.....	3
Neurorrhaphy for gunshot wound of median nerve.....	1
Saline infiltration of sciatic nerve for sciatica.....	2
Alcohol injections for trigeminal neuralgia.....	17
Miscellaneous operations.....	
Excision of tumor of back.....	1
Excision of cyst of breast.....	1
Excision of gland.....	1
Excision of lipoma.....	1
Excision of tumor of abdominal wall.....	1
Excision of urethral fistula.....	1
Circumcision for epilepsy.....	2
Tenotomy for contractures.....	1
Tendon transplantations.....	2
Muscle plastic for facial paralysis.....	1
Plastic for prolapse of rectum.....	1
Amputation of thigh for thromboangitis.....	1
Resection of metatarsal joints for Hallux valgus.....	2
Ligation of thyroid vessels for Basedow.....	4
Hemithyroidectomy for Basedow's disease.....	1
Incision and drainage of pyonephrosis.....	1
*Causes of death:	
1, 2, 3, 4, 5—One day to six weeks after decompression for irremovable tumor of brain.	
6. Twenty-four hours after exploratory craniotomy, acute encephalitis.	
7. Two weeks after root section for irremovable tumor of chest wall.	
8. Two days after decompressive laminectomy from pulmonary embolism.	
9. Three days after laminectomy and removal of tumor of cauda equina from pneumonia.	
10. Two days after laminectomy and partial excision of sarcoma of mediastinum and spinal canal.	



WOMEN'S WARD





ROOM FOR RE-EDUCATION OF MOVEMENT



## **DISPENSARY STATISTICS**

Number of Patients Admitted to Dispensary According to  
Services.

1916	1ST DIVISION			2ND DIVISION			3RD DIVISION		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
December.....	63	95	158	47	62	109	55	62	117
January.....	85	82	167	73	79	152	77	61	138
February.....	67	75	142	69	74	143	62	54	116
March.....	82	95	177	74	89	163	93	80	173
April.....	86	93	179	91	92	183	74	70	144
May.....	99	134	233	84	124	208	79	90	169
June.....	106	116	222	69	105	174	94	88	182
July.....	95	94	189	88	80	168	71	59	130
August.....	81	100	181	81	73	154	72	73	145
September.....	72	67	139	80	79	159	66	71	137
October.....	78	96	174	71	64	135	60	72	132
November.....	82	96	178	92	89	181	59	44	103
Total.....			2139			1929			1686

## Cases Treated.

	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
Aphasia .....	2	4	6
Bone, joint and muscle diseases.....	249	270	519
Brain diseases, miscellaneous.....	65	50	115
Hydrocephalus.			
Encephalitis.			
Cerebral arteriosclerosis.			
Developmental defects.			
Brain tumor .....	9	7	16
Cardio vascular system.....	100	89	189
Heart diseases.			
Arteriosclerosis, general.			
Angio-neurotic group.			
Constitutional inferiority .....	116	95	211
Psychopathy.			
Backward children.			
Imbeciles and idiots.			
Stutterers and stammerers.			
Chorea .....	82	96	178
Cranial Nerves .....	49	68	117
Fifth and seventh.			
Dementia præcox .....	53	48	101
Ductless gland diseases.....	20	133	153
Thyroid.			
Pituitary.			
Adrenals.			
Ovaries.			
Eye diseases .....	14	9	23
Ear diseases .....	10	12	22
Epilepsies .....	129	98	227
General paresis .....	48	14	62
Headache .....	61	91	152
Hemiplegia .....	41	34	75
Hysteria .....	31	99	130
Insomnia .....	4	10	14
Intoxications .....	81	72	153
Auto-intoxication.			
Lead.			
Drugs.			
Alcoholism.			

	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
Medical diseases .....	183	261	444
Meningitis (non-syphilitic) .....	4	1	5
Muscular atrophies, dystrophies and myasthenias .....	26	15	41
Multiple sclerosis .....	14	76	90
Neurasthenia .....	197	176	373
Occupation disorders .....	57	29	86
Paralysis agitans .....	28	29	57
Paranoic states .....	8	14	22
Peripheral nerves .....	250	156	406
Brachial plexus distribution.			
Lumbar plexus distribution, sciatica, etc.			
Multiple neuritis.			
Poliomyelitis .....	43	29	72
Psycho-neuroses .....	309	350	659
Undifferentiated.			
Anxiety neurosis.			
Compulsion neurosis.			
Post operative neurosis.			
Menopause neurosis.			
Tics.			
Psychasthenia.			
Traumatic neurosis.			
Psychoses .....	28	70	98
Simple depression.			
Involution melancholia.			
Senile psychosis.			
Infective-exhaustive-toxic psychosis.			
Manic-depressive insanity .....	19	28	47
Spinal cord diseases, miscellaneous.....	31	28	59
Meningo-myelitis.			
Myelitis.			
Combined sclerosis.			
Lateral sclerosis.			
Syringomyelia.			
Spinal cord tumor.....	11	7	18
Surgical diseases .....	81	114	195
Syphilis of the central nervous system.....	184	104	288
Tabes dorsalis .....	79	23	102
Unclassified .....	90	129	219
Vertigo .....	6	4	10

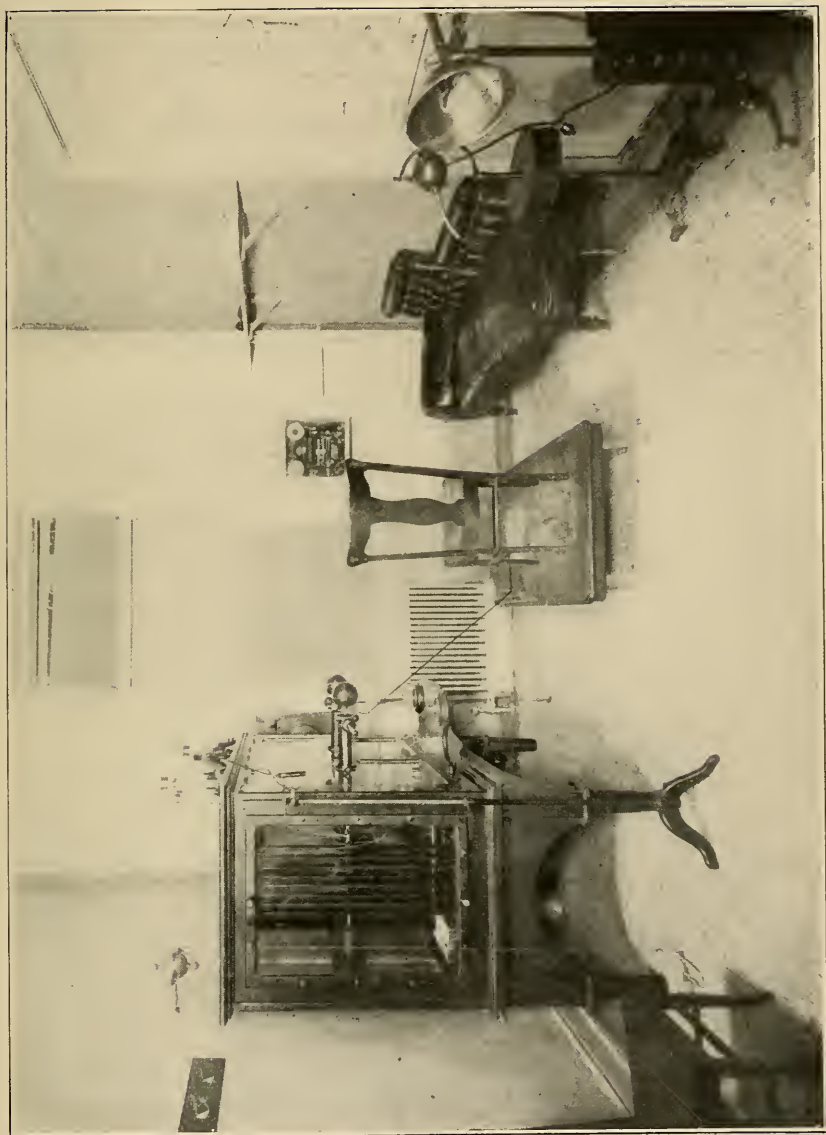
### Dispensary Patients Classified as to Nationality.

Africa .....	1	Italy .....	283
Argentina .....	2	Japan .....	1
Armenia .....	3	Mexico .....	2
Austria .....	483	Norway .....	9
Australia .....	1	Poland .....	24
Bavaria .....	1	Portugal .....	1
Belgium .....	15	Roumania .....	110
Bermuda .....	1	Russia .....	1723
Canada .....	16	Scotland .....	17
Cuba .....	2	South America .....	4
Denmark .....	4	Spain .....	4
England .....	69	Sweden .....	29
Finland .....	10	Switzerland .....	11
France .....	23	Syria .....	2
Germany .....	239	Turkey .....	9
Greece .....	19	United States .....	2212
Holland .....	2	Wales .....	1
Hungary .....	178	West Indies .....	18
Ireland .....	215		

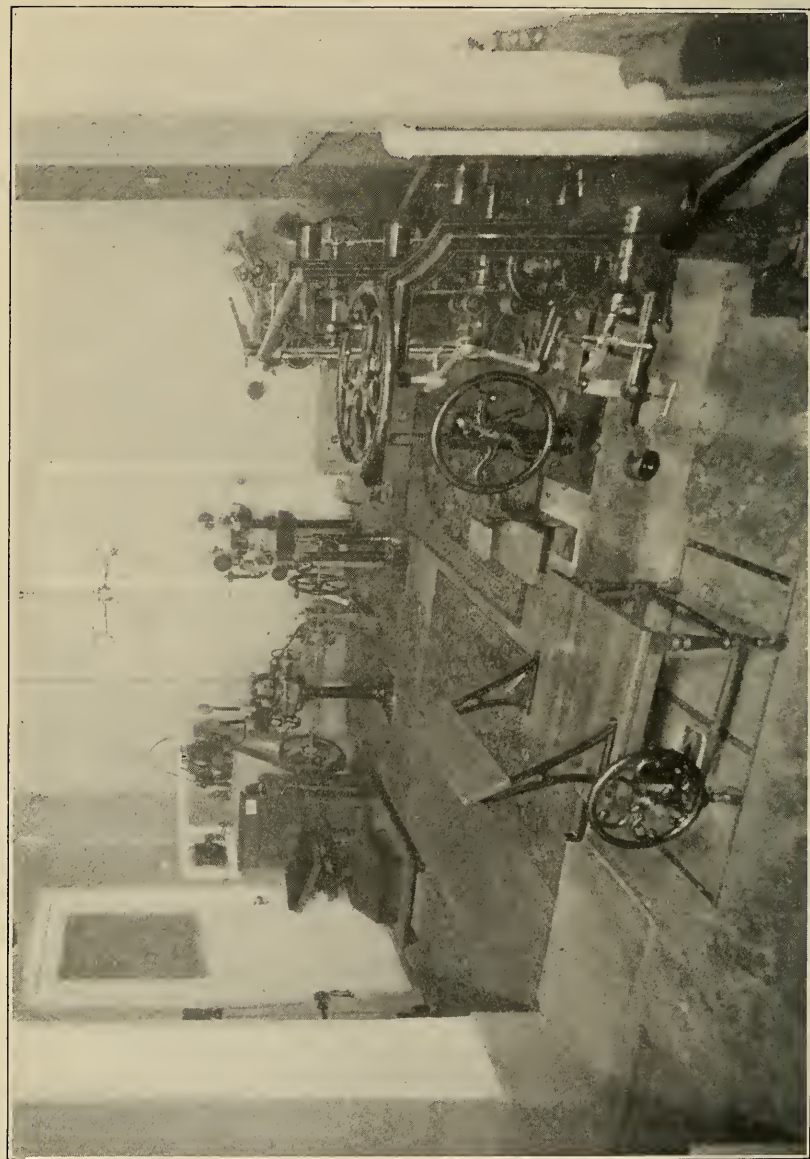
### Total Treatments Given in Hospital and Dispensary.

1916	Hydrotherapy	Electro-therapy	Mechano-therapy	Massage	Baking	Total
December.....	756	1,056	134	432	205	2,583
January.....	1,087	1,286	185	365	198	3,121
February.....	857	1,193	312	530	249	3,141
March.....	1,095	1,379	210	609	307	3,600
April.....	998	1,203	194	654	1,045	4,094
May.....	1,374	1,339	196	800	538	4,247
June.....	1,268	1,456	237	949	440	4,350
July.....	1,039	1,049	213	856	398	3,555
August.....	1,132	1,217	195	655	428	3,627
September.....	1,095	1,115	164	771	366	3,511
October.....	1,168	1,004	180	814	402	3,568
November.....	1,191	1,187	192	1,007	502	4,079
						43,476





ELECTRO-THERAPEUTIC ROOM



ZANDER MECHANICAL APPARATUS

## SUPERINTENDENT'S REPORT.

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*To the Trustees of the Neurological Institute of New York:*

Gentlemen—I have the honor of submitting the following statistics for the year ended November 30, 1916.

Respectfully submitted,

E. F. RIVINGTON, R.N.,  
*Superintendent.*

### PATIENTS ADMITTED TO THE HOSPITAL.

Private—	1915.	1916.
Male .....	420	457
Female .....	199	251
Ward—		
Male .....	996	1032
Female .....	624	519
Free—		
Male .....	74	52
Female .....	39	38
	2,352	2,349

### NUMBER OF PATIENT DAYS.

Private .....	3,374	4,285
Ward .....	20,700	21,862
Free .....	1,586	2,192
	25,660	28,339

### DISPENSARY PATIENTS.

Number of Patients .....	5,459	5,754
Treatments given .....	36,206	43,476

# Operating Expenses and Earnings for Three Years Ended November 30.

	EARNINGS			OPERATING EXPENSES			DEFICIT		
	1914	1915	1916	1914	1915	1916	1914	1915	1916
December (1913)...	\$ 8,887.54	\$ 8,789.53	\$ 12,486.16	\$ 9,580.37	\$ 9,345.03	\$ 11,828.94	\$ 692.83	\$ 555.50	\$* 657.22
January.....	11,873.57	9,631.79	12,922.51	10,390.02	9,231.80	11,679.11	*1,483.55	*399.99	*1,243.40
February.....	11,142.93	9,401.78	12,952.66	10,326.15	9,670.09	12,344.81	*816.78	268.31	*607.85
March.....	11,191.74	11,665.31	13,197.87	10,974.26	10,905.69	12,672.86	*217.48	*759.62	*325.01
April.....	9,646.89	9,707.07	12,380.25	10,007.04	10,577.82	12,016.69	360.15	870.75	*363.56
May.....	8,949.49	10,513.77	12,387.66	9,277.97	10,095.54	11,923.26	328.48	*418.23	*464.40
June.....	8,329.20	10,014.36	11,557.95	9,432.39	10,491.68	12,084.05	1,103.19	477.32	526.10
July.....	7,227.23	9,860.62	10,305.16	9,022.16	10,887.44	11,389.71	1,795.93	1,026.82	1,084.55
August.....	5,418.53	7,679.47	9,559.23	8,259.92	9,509.13	10,934.49	2,831.39	1,829.66	1,375.26
September.....	7,776.20	7,180.71	9,054.44	8,595.52	9,737.19	11,960.06	819.32	2,556.48	2,905.62
October.....	8,951.94	9,874.80	13,467.21	9,480.99	10,239.73	14,028.21	529.05	364.93	561.00
November.....	8,804.47	11,680.30	12,961.27	9,119.11	11,714.02	13,165.52	314.64	33.72	204.26
Total.....	\$108,199.73	\$115,999.51	\$143,232.37	\$114,465.90	\$122,405.16	\$146,027.71	\$ 6,257.17	\$6,405.65	\$2,795.34

\*Indicates surplus.

### Comparative Cash Statement for Three Years Ended November 30, 1916.

	<i>Receipts.</i>			<i>Disbursements.</i>		
To Gross Earnings from:	1914	1915	1916	1914	1915	1916
Private Patients.....	\$ 35,682.36	\$ 31,673.69	\$ 41,563.23	Salaries and wages.....	\$ 49,298.48	\$ 48,839.07
SP & Ward Patients.....	43,084.44	53,982.72	58,920.36	Provisions and supplies.....	23,532.35	23,850.70
Special Nursing.....	11,063.63	8,703.84	19,728.65	Rent.....	17,664.22	17,529.00
Dispensary and Treatment.....	10,591.11	11,244.46	12,265.37	Medicine and surgical supplies.....	6,202.94	7,039.94
Miscellaneous Receipts.....	7,778.19	10,394.80	10,749.26	House supplies.....	488.74	961.80
				Laundry.....	6,286.54	6,305.67
Less accounts charged above.....	\$108,199.73	\$115,999.51	\$143,232.37	Printing, stationery and postage.....	1,336.39	1,316.96
Cash receipts.....	\$107,251.13	\$113,296.03	\$140,554.60	Telephone and telegraph.....	1,132.46	1,096.85
Advance payments from Patients.....	1,426.61	982.58	1,138.37	Repairs and supplies.....	1,079.89	2,306.73
Donations as per list.....	17,986.84	11,363.41	9,088.51	Fuel and light.....	5,725.44	6,211.40
				Hospital sundries.....	1,727.45	1,549.97
Balance at beginning of year.....	\$126,664.58	\$125,642.02	\$150,781.48		\$114,465.90	\$117,008.09
	11,388.54	14,073.72	8,845.35	Less accounts unpaid of above.....		4,133.14
				Add unpaid bills of year previous.....	1,484.73	
				Roof garden expenses.....	\$115,950.63	\$115,973.32
				Apparatus and instruments.....	1,396.55	1,498.22
				Furniture, fixtures and equipment.....	120.71	575.40
				Social service.....	2,124.54	2,991.50
				Prepaid expenses.....	3,902.97	3,796.51
				Corporation expense.....	484.00	343.00
				General miscellaneous.....		
				Balance in Fidelity Bank.....	\$123,979.40	\$125,177.95
				Cash in hands of Superintendent.....	6,244.69	8,846.35
				Balance in hands of Treasurer 11/30....	800.00	800.00
					7,029.03	4,892.44
					\$138,053.12	\$139,715.74
						\$159,626.83



## REPORT OF SUPERVISOR OF NURSES.

*To the Trustees of the Neurological Institute of New York:*

*Gentlemen*—The Postgraduate course for nurses has been continued as usual during the past year and offers many advantages for the education of nurses in the care of mental and nervous patients.

The demand for nurses having this special training has been greater than in previous years and many times we have been unable to supply the nurses requested for this work outside the hospital and also for institutional positions.

### Lectures:

Nursing in Brain Diseases.....	Foster Kennedy, M.D.
Nursing in Brain and Spinal Cord Surgery,	
Harold Neuhoﬀ, M.D., James H. Kenyon, M.D.	
Nursing in States of Excitement.....	Thaddeus Ames, M.D.
Nursing in Drug and Alcohol Cases.....	Thaddeus Ames, M.D.
Anatomy and Physiology of the Brain and Spinal Cord,	
C. Burns Craig, M.D.	
Pathological Conditions of the Spinal Cord.....	Thaddeus Ames, M.D.
Anatomy and Physiology of the Nervous System..	C. Burns Craig, M.D.
Significance of Laboratory Tests.....	David M. Kaplan, M.D.
Internal Secretions .....	David M. Kaplan, M.D.
Nursing in States of Depression.....	Morris J. Karpas, M.D.
Observation, Differentiation and Immediate Treatment of Fits,	
Foster Kennedy, M.D.	
Emergency Care of the Insane.....	Morris J. Karpas, M.D.
Nursing in Dementia .....	Morris J. Karpas, M.D.
Illusions, Delusions and Hallucinations...	Junius W. Stephenson, M.D.
Neurasthenia, Psychasthenia, Hysteria....	Junius W. Stephenson, M.D.
Social Service.....	Mr. Frederick Ellis

### CLASS AND DEMONSTRATION WORK.

Electrotherapy .....	Dr. Evans.....	6 classes
Mechanotherapy and Massage.....	Mr. Nelson.....	8 classes
Hydrotherapy .....	Miss Williams .....	16 classes
Occupation .....	Miss Laura La Force, R.N.	24 classes
Mental Tests .....	Miss Hannahs .....	2 classes
Practical Nursing .....	Miss Dwyer, R.N.....	8 classes

During the year forty-seven nurses entered for the course, twenty-three were graduated, two resigned and twelve are still in training.

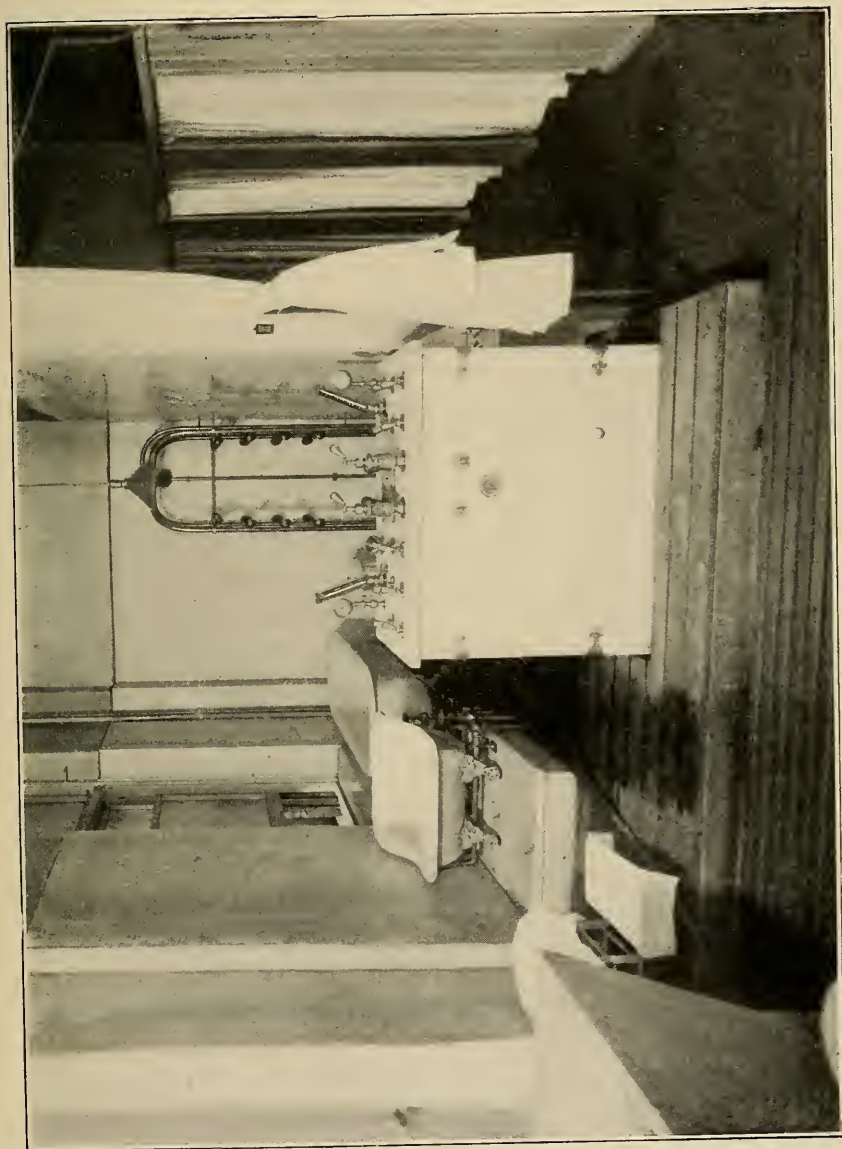
We appreciate the continued kindness of the Medical and Surgical Staff in lecturing to the nurses and also for their care of them in illness.

Respectfully submitted,

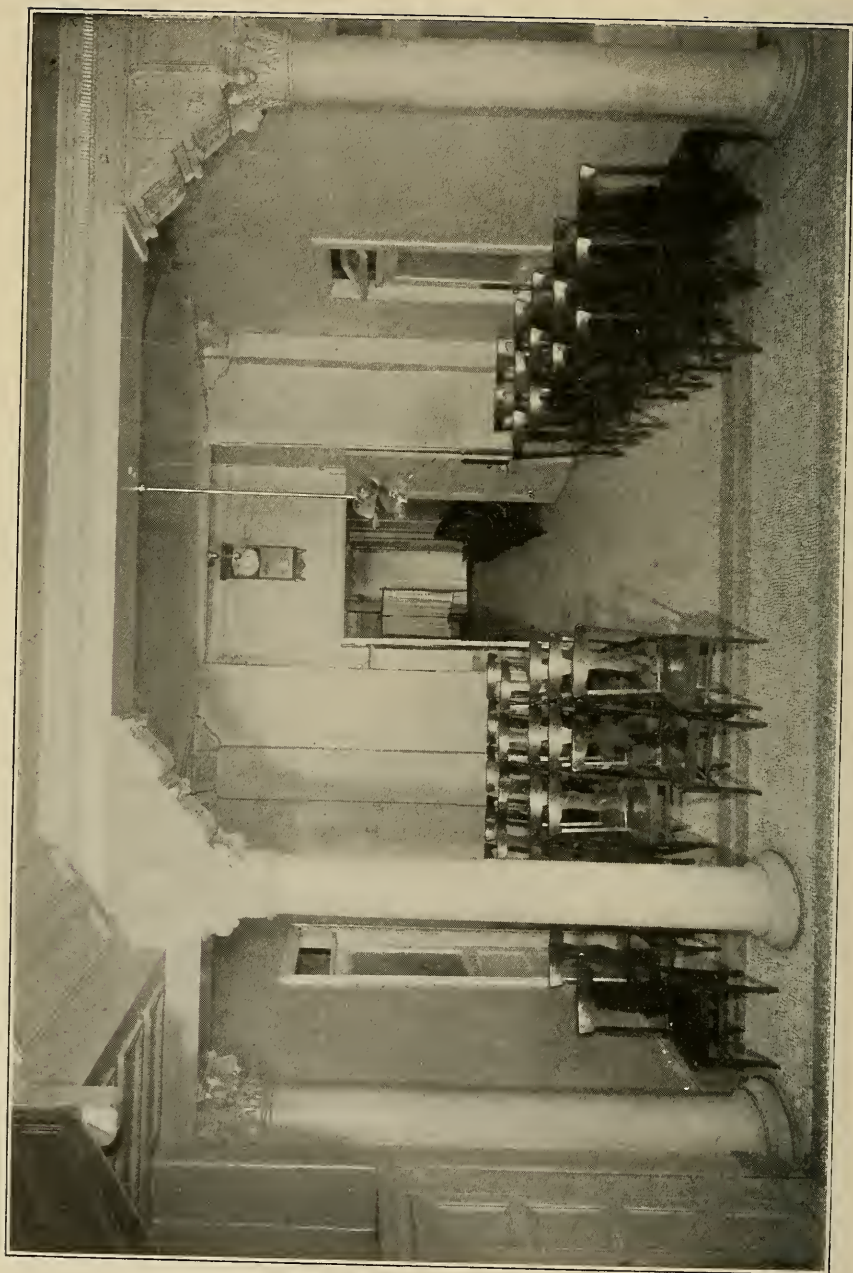
M. GERTRUDE DWYER, R.N.,

*Supervisor of Nurses.*





HYDRO-THERAPEUTIC ROOM



DISPENSARY RECEPTION ROOM

## REPORT OF OCCUPATION DEPARTMENT.

---

The work of the occupational department has a threefold significance:

1. It affords rest to the mind.
2. It educates the upper and lower extremities to perform useful tasks.
3. The work produced has an intrinsic value.

The first two items are distinct therapeutic measures, the third is of a recognized economic value.

As the department progresses, additional apparatus will afford a greater variety as well as utility of work, fully justifying the expenditure incurred by the addition.

I take pleasure in submitting the following quantitative schedule, affording at a glance a survey of the actual work accomplished.

Total number of patients working..... 300

Pieces of work completed:

Reed baskets .....	60
Raphia baskets .....	25
Knitting and crocheting.....	57 pieces
Sewing .....	150 pieces
Embroidering .....	26 pieces
Chair caning .....	20 chairs
Weaving .....	10 pieces
Printing—	
Census Slips .....	1531
Treatment Cards .....	2113
Diet Slips .....	2000
Miscellaneous .....	400

Respectfully submitted,

LAURA B. LA FORCE, R.N.,  
*For the Occupation Department.*

## REPORT OF THE DEPARTMENT OF SOCIAL RESEARCH.

---

*To the Trustees of the Neurological Institute of New York:*

*Gentlemen*—The following report for the year 1915-1916 is the fifth made by the Department of Social Research of the Neurological Institute.

During the past year 820 persons were registered in the department. The next highest registration was 719, in 1913-1914; but that number included 155 persons who were the subjects of a special investigation, and not under the medical care of the Institute. There have been no such special investigations during the year just past.

The number of persons referred by the Institute to this department therefore has actually increased in two years from 564 to 820, or more than 45 per cent. This increase has been mainly in the number of hospital cases referred.

Two causes have worked to bring us into closer relation to the in-patient department. The first is a more definite attempt to "follow up" persons leaving the hospital, who still need some sort of treatment. The second is the larger number of cases referred to us from the hospital for an intelligence test. Thus the mental testing part of our work tends to assume toward the hospital more distinctly the relations of a special laboratory, from which certain information is sought in making the "complete status" of a patient. The number of mental tests made during the year was 378.

The principal features of the year's work have been: a greater specializing of the work of the different members of the staff; a more distinct definition of the relations of the mental testing to the other work; and the conduct of a small experimental school, for children who are nervous and somewhat backward, but not noticeably deficient in intelligence.

### THE NEW ARRANGEMENT OF WORK.

Social service in the Neurological Institute was at the beginning volunteer work. Each new phase of it has been practically



due to some new form of voluntary effort. As the work has increased in bulk it has been necessary to employ the full time of four salaried workers. It would be possible to have more voluntary help from skillful, well-trained persons, who are apprenticing themselves to this line of work; but there is no room for this in our limited quarters, and we are unable to serve them or ourselves in this very useful way. At present all the mental testing is done by Miss Hannahs; the record keeping, taking of family and personal histories, and outside investigations are done by Miss Rainey; and the social administration of the cases is in charge of the director. There is an urgent need of one more person on the staff, who will take care of a considerable amount of outside visiting that cannot be done under the present arrangement. Any further increase in the quantity of the work, or any further considerable improvement in its quality will depend on some addition to our equipment. At present we have made only a small beginning on a large and intricate problem, and we are at the end of our resources. We especially need a sum of money, not large, but available at need, for minor relief, and to carry further two or three modest experiments in providing suitable employment for those who have been thrown out of their regular trades, but still retain enough efficiency to be largely self-supporting.

#### THE NEW SITUATION IN MENTAL TESTING

There has been a very marked increase in the general use of intelligence tests in the five years since we began our work. The use of these tests has been one of the chief characteristics of this department, and we have made some contributions to the number of tests employed, and to the methods of interpreting them. The 378 tests given last year ranged over a wide variety of nervous disorders. One of the features of our work as compared with many other clinics is that we see a comparatively small number of very deficient children. Our main problem is of the border line cases, where there is moderately reduced mental efficiency, or of cases where careful steps are being taken for restoration or special education.

We are beginning to feel after five years of experience that

we are in the way of contributing something permanent toward the idea which is rather inadequately represented by the term Social Research, that has been used to designate this department from its opening in March, 1911. At the time there was already an active discussion of the relations of the psychologist, the psychiatrist, and the neurologist in the diagnosis and treatment of mental deficiency and other mental disorders. This discussion has grown more active and is a subject of constant debate. The attitude taken in this department has been that the contributions of psychology to medical and psychiatric work are of undoubted importance, but that psychology will in the end contribute most to the technique of social definition and treatment. Five years ago it might have been presumptuous to regard the work of all three types of professional workers as existing on a level, and contributing elements of equal value to a task whose importance transcends them all—the social administration of nervous and mental disorders. It is now becoming increasingly hard to think of mental and physical efficiency apart from each other. It is becoming less worth while to attempt to deal with them except as aspects of a unit problem. From this point of view every patient who attends a neurological clinic should be received through a department of social administration; his welfare should be watched over during his progress through the clinic by a staff of social advisers; and his treatment and later history should become matters of permanent responsibility with the social department. In the work of such a department the contributions of the neurologists, the psychiatrists and psychologists would become properly related, and the question of their relative importance and degree of independence would be lost sight of in the problem of serving the highest and ultimate needs of the patient. It is for this reason that the social service work at the Neurological Institute has been put on such a plane with reference to the research work of the institution that it is better spoken of as a department of Social Research than of Social Service. We feel that five years of effort have brought us into a relation with the other departments which makes this point of view more obvious. One of the main results of our experience has been to throw considerable doubt on the validity of establishing inde-



pendent mental testing clinics. Such clinics will miss much through lack of contact with a large staff of physicians and well-equipped laboratories. They will miss more through lack of contact with a thoroughly conducted hospital social administration.

#### THE LABORATORY SCHOOL.

One of the most encouraging results of sticking to the type of work described above is the large number of children who have been sent to us whose main problem is one of social adjustment, at home and in the school. These children present a degree of nervous instability that warrants their being under the observation and advice of a neurologist. They present always the minor mental peculiarities of habit or tendency that are the necessary accompaniments of physical instability. Sometimes they present a degree of mental insufficiency that is moderate except for one or two outstanding peculiarities, such as quick temper, unsociability, difficulty with number or word symbols, or lack of inhibitory power in dealing with certain original impulses. Many of these poorly adjusted children seem capable of being set right with better understanding and more skillful treatment. Up to this year we have been able to do little beyond definition and general recommendations. In September, 1916, through the aid of the Bureau of Educational Experiments, it was possible to open a small school, under the auspices and with the co-operation of the Institute, where a few selected cases can be more carefully studied, and where their teaching can go on under conditions that are freer and more stimulating than those of the ordinary class room. It is not the purpose of the school to try out any particular theory or plan of education, but rather to release the children from the clutches of bad personal habits, unfortunate emotional set-backs, poor training, inherent physical, and especially nervous, functional handicaps, and to throw in their way situations and materials with which they may experiment freely and easily in the use of newly discovered possibilities. Much emphasis is put on carrying over this process of improved adjustment from the individual to the group, so that the issue of the child's own efforts will be a much greater power of adjustability under ordinary social conditions. The principal group is composed of ten

children of both sexes who range in age from six to ten years. They are differently favored in the matter of home and social opportunities, and are of very different stocks and origin. The problem of adjustability is kept still more alive by allowing them to remain, out of school hours, in the sort of environment to which they have been accustomed.

The school is fairly well equipped, and has a sufficient staff of workers. One of these gives her entire time to the study of the mental and physical health of the children, and to careful laboratory records of their mental characteristics and development. A second group, of about an equal number, come to the school once a week for corrective speech work. This work has been carried on for some time at the Institute, but is being done much more comfortably and satisfactorily at the school.

The appropriation for this experiment is sufficient for a year and we hope to get results of sufficient interest to educators and physicians to make it seem worth while to the donors to continue it for a term of years.

Respectfully submitted,

FREDERICK W. ELLIS,  
*Director of Social Research.*

## DONATIONS.

---

Donations of money received during the year ended November 30, 1916:

Mrs. James H. Aldrich	Mr. Daniel Guggenheim
Mrs. William H. Bliss	Mr. W. H. Goadby
Mr. William Bernard	Mr. Roland S. Kursheedt
Mr. A. Bellar	Mr. Edmund J. Levine
Mr. M. J. Breitenback	Mrs. E. Bula Moses
Mr. Jos. L. Buttonweiser	Mrs. Charles Neave
Miss Mabel Choate	Mr. Charles Lewis Slattery
Mr. Henry Phelps Case	Mr. Albert B. Strange
Mr. L. C. Clarke	Mr. Chas. Robinson Smith
Mrs. Chas. Henry Coster	Mr. J. E. Steckler
Mr. Ernest Trow Carter	Mr. C. W. Spitzner
Mr. Henry de Coppet	Miss M. V. S. Thorne
Mr. James Douglas	United Hospital Fund
Mr. Max Eisman	Mr. Henry De Forest Weekes
Dr. Charles A. Elsberg	Mrs. Louis F. Wolff
Mr. John W. Frothingham	

During the year the patients in the Institute enjoyed and were cheered by the following gifts:

Christmas decorations and trees, holly, cut flowers and plants, dolls, toys, games, picture books and puzzles, children's bed sacques and kimonos, Easter decorations, 100 books and magazines for patients' library, seven new rugs for entrance hall and private rooms, laboratory apparatus, a portable battery, jellies, jam and marmalade and a massage couch, from:

Mrs. William H. Bliss	Dr. David M. Kaplan
Mr. Victor G. Bloede	Mrs. Walter G. Ladd
Miss Belle Brazie	Miss McGrath
Dr. Joseph Collins	New York Visiting Committee
Mr. Sherman Day	Mr. R. P. Perkins
Mrs. Dorsey	Mrs. Shroeder
Dr. Chas. A. Elsberg	Mrs. Etta Smith
Mr. Samuel Hunter	Mr. and Mrs. Donald Scott
Mrs. Mansell Field	Dr. Walter Timme
Miss Gertrude Hencken	Mrs. Eleanor Wells
Mrs. Amory G. Hodges	

Donors to Social Research Department:

Mrs. M. Berman.

N. Y. Probation and Protective Association.











## Form of Bequest

I give and bequeath to the NEUROLOGICAL INSTITUTE OF NEW YORK, a corporation created in the year 1909, under the Laws of the State of New York, or to the Treasurer thereof for the use and behoof, for its corporate purposes, the sum of..... dollars.

---

## Form of Devise of Real Estate

I give and devise to the NEUROLOGICAL INSTITUTE OF NEW YORK, a corporation created in the year 1909, under the Laws of the State of New York, for its corporate purposes, all that, (Here describe the property.)

FILE COPY  
NOT TO BE TAKEN  
FROM ROOM  
HARRISON WILLIAMS

MS. COLLECTION

EIGHTH ANNUAL REPORT

OF

THE NEUROLOGICAL  
INSTITUTE

OF

NEW YORK

FOR THE YEAR ENDED  
NOVEMBER 30, 1917

NEW YORK CITY  
149-151 EAST 67TH STREET













**EIGHTH ANNUAL REPORT**

**OF**

**THE NEUROLOGICAL  
INSTITUTE**

**OF**

**NEW YORK**

**FOR THE YEAR ENDED  
NOVEMBER 30, 1917**

**NEW YORK CITY  
149-151 EAST 67TH STREET**

**THE NEUROLOGICAL INSTITUTE  
OF NEW YORK**

For the Study and Treatment of Nervous and  
Mental Diseases

Incorporated 1909

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For the Year Ending November 30, 1918.

**OFFICERS.**

‡ROBERT P. PERKINS,  
*President.*

RICHARD H. WILLIAMS,  
*Vice-President.*

SHERMAN DAY,  
*Secretary.*

HARRISON WILLIAMS,  
*Treasurer.*

---

**EXECUTIVE COMMITTEE.**

WALTER G. LADD

ROBERT THORNE

The VICE-PRESIDENT, *ex-officio.*

---

**FINANCE COMMITTEE.**

HARRISON WILLIAMS

RICHARD H. WILLIAMS

R. THORNTON WILSON

---

**TRUSTEES.**

CHARLES L. DANA, M.D.

SHERMAN DAY

† AMORY G. HODGES

H. K. KNAPP

WALTER G. LADD

CLARENCE B. MITCHELL

‡ ROBERT P. PERKINS,

\* THEODORE ROOSEVELT, JR.

THOMAS F. RYAN

CHARLES SCRIBNER

FRANK G. THOMSON

ROBERT THORNE

ISAAC TOWNSEND

HARRISON WILLIAMS

RICHARD H. WILLIAMS

R. THORNTON WILSON

‡ Red Cross.

\* Active Military Service.

† Deceased.



For the Year Ending November 30, 1918.

**MEDICAL BOARD.**

\* JOSEPH COLLINS, M.D.  
FREDERICK PETERSON, M.D.  
\* PEARCE BAILEY, M.D.  
CHARLES A. ELSBERG, M.D.,  
*Secretary.*

---

**CONSULTANTS.**

**Neurologists.**

CHARLES L. DANA, M.D. J. RAMSAY HUNT, M.D.

**Alienist.**

MENAS S. GREGORY, M.D.

**Physicians.**

WALTER B. JAMES, M.D. VAN HORN NORRIE, M.D.

**Surgeon.**

ROBERT ABBE, M.D.

**Gynecologists.**

J. CLIFTON EDGAR, M.D. JAMES W. MARKOE, M.D.

**Dermatologist.**

JOHN A. FORDYCE, M.D.

**Orthopedic Surgeon.**

VIRGIL P. GIBNEY, M.D.

**Laryngologist.**

WILLIAM LEDLIE CULBERT, M.D.

**Otologist.**

EDWARD BRADFORD DENCH, M.D.

**Ophthalmologist.**

WARD A. HOLDEN, M.D.

**Assistant Ophthalmologist.**

WALTER B. WEIDLER, M.D.

**Enterologist.**

\*JEROME MORLEY LYNCH, M.D.

\* Active Military Service.

For the Year Ending November 30, 1918,

**MEDICAL STAFF.**

**FIRST DIVISION.**

\* JOSEPH COLLINS, M.D.,  
*Physician to the Neurological Institute.*

\* EDWIN G. ZABRISKIE, M.D.,                      HENRY K. MARKS, M.D.,  
\* C. BURNS CRAIG, M.D.,                      JAMES L. JOUGHIN, M.D.,  
*Assistant Physicians.*

GEORGE M. WRIGHT, M.D.,  
*Chief of Clinic.*

\* R. FINLEY GAYLE, M.D.,  
HYMAN A. OSSERMAN, M.D.  
*Resident Physicians.*

**Assistants in Outdoor Department.**

† WALTER CLARK HAUPT, M.D.                      \* SANTE NACCARATI, M.D.  
FILIPPO CASSOLA, M.D.                      MERRITT W. BARNUM, M.D.  
\* ALEXANDER H. WILLIAMSON, M.D.                      HENRY W. MILLER, M.B.

**SECOND DIVISION.**

FREDERICK PETERSON, M.D.,  
*Physician to the Neurological Institute.*

\* R. FOSTER KENNEDY, M.D.,                      RUSSELL G. MACROBERT, M.D.,  
*Assistant Physicians.*

JUNIUS W. STEPHENSON, M.D.,  
*Chief of Clinic.*

\* THOMAS K. DAVIS, M.D.,                      \* EDWARD L. ROCHFORD, M.D.  
*Resident Physicians.*

**Assistants in Outdoor Department.**

ROBERT E. POU, M.D.                      HERBERT C. CHASE, M.D.  
FLORIZEL DE L. MYERS, M.D.                      JACOB FISK, M.D.  
-GUSTAVE F. BOEHME, M.D.

**THIRD DIVISION.**

\* PEARCE BAILEY, M.D.,  
*Physician to the Neurological Institute.*

WALTER TIMME, M.D.,  
*Assistant Physician.*

\* MORRIS J. KARPAS, M.D.,  
*Chief of Clinic.*

\* ROYAL G. CANNADAY, M.D.,  
*Acting Chief of Clinic.*

\* JAMES H. HUDDLESON, M.D.,                      \* IRVING H. PARDEE, M.D.,  
*Resident Physicians.*

**Assistants in Outdoor Department.**

\* LEIZER GRIMBERG, M.D.                      JAMES M. O'NEILL, M.D.  
J. B. GERE, M.D.                      \* JOHN F. W. MEAGHER, M.D.  
NORMAN SHARPE, M.D.                      HENDERSON B. DEADY, M.D.

\* Active Military Service.

† Deceased.

For the Year Ending November 30, 1918.

**SURGICAL STAFF.**

CHARLES A. ELSBERG, M.D.,  
*Surgeon to the Neurological Institute.*

ALFRED S. TAYLOR, M.D.,  
*Associate Surgeon.*

**Assistants to the Surgeon.**

\* HAROLD NEUHOF, M.D.

\* JAMES H. KENYON, M.D.

---

**LABORATORIES.**

**Clinical and Research.**

EDWARD W. APPLEBE, M.D.,  
*Temporary Director.*

RUTH SHIVITZ,  
SYLVIA CARTER,  
*Assistants.*

**Histological and Neurological.**

JAMES B. GERE, M.D.,  
*Director.*

**Roentgenographer.**

DR. E. W. CALDWELL, M.D.

---

**DENTIST.**

WILLARD B. FORCE, D.D.S.

---

**THERAPEUTIC DEPARTMENT.**

**In Charge of Applied Therapeutics.**

EDWARD W. APPLEBE, M.D.,  
*Resident Interne.*

---

**HEADS OF THERAPEUTIC DEPARTMENT.**

**Hydrotherapy.**

ELIZABETH WILLIAMS, R.N.

JOHN HOMMEL

**Massage and Mechanotherapy.**

CHARLES NELSON

ANNA LARSEN

K. ANDERSEN

BETSY ANDERSEN

SVEA JONASON

ELIZABETH ANDERSEN

J. E. DESSLE

ERNEST GUNTHER

**Gymnastics.**

HENRY NEIDERERÉ

\* Active Military Service.

For the Year Ending November 30, 1918.

NEW YORK NEURO-SURGICAL SCHOOL FOR MEDICAL OFFICERS OF THE UNITED STATES ARMY.

CHARLES A. ELSBERG, M.D.  
*Military Director.*

---

NEURO-PSYCHIATRIC COURSE FOR MEDICAL OFFICERS OF THE UNITED STATES ARMY.

WALTER TIMME, M. D.  
*Military Director.*

---

DEPARTMENT OF SOCIAL RESEARCH.

MR. FREDERICK W. ELLIS,  
*Director.*

DR. A. T. POFFENBERGER,  
*Acting Director.*

† E. HELEN HANNAHS,  
GLADYS TALLMAN,  
*Associates in Psychology.*

LULA H. RAINEY,  
*Social Investigator.*

† Deceased.

For the Year Ending November 30, 1918.

Superintendent.

ESTHER F. RIVINGTON, R.N.

Supervisor of Nurses.

GERTRUDE M. DWYER, R.N.

Cashier.

EDWARD A. POWERS

Registrar.

A. ROBINSON

Housekeeper.

ARVILLA VAN ZANDT

Night Supervisor.

HELEN DAVIDSON

Dispensary Supervisor.

\* ELIZABETH KELLY, R.N.  
ANNIE T. MOONEY

Private Floors.

SUSAN M. TAYLOR, R.N.

Women's Wards.

SARAH DANNECKER, R.N.

Men's Wards.

CLARA O'SHEA, R.N.

Occupation Department.

\* LAURA B. LA FORCE, R.N.

\* Active Military Service.

The Following Reports and Statistics are for the Year  
Ended November 30, 1917



## REPORT OF THE EXECUTIVE COMMITTEE.

---

*To the Trustees of the Neurological Institute of New York:*

*Dear Sirs*—Owing to war conditions, the expenses of the Institution during the year ended have been necessarily larger than heretofore.

In previous reports, attention has been called to the limitations placed on the work of this Institution by lack of adequate funds to meet necessary expenses and by the inadequacy of the building accommodations.

The war conditions which have existed in the past year and which still exist, have caused a material increase in administrative expenses, and the situation of the Institution is to-day one which urgently appeals for the financial aid of all who are interested in the public health generally and in this Institution's special field of usefulness.

During the past year, the work of the Institution has not stood still. It has been carried on economically and with efficiency and gratifying results by the Staff to whose watchful and careful attention grateful recognition is made.

The details of what has been done in the past year will be found in the tables and statements in the Annual Report and should be a matter of interest for the attention of all interested in this Institution and its field of usefulness.

Respectfully submitted,

WALTER G. LADD,  
*For the Executive Committee.*

February 13, 1918.

## REPORT OF THE MEDICAL BOARD.

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*To the Trustees of the Neurological Institute, New York City:*

*Gentlemen*—The year 1917 has been uneventful for the Neurological Institute save in one respect:—its relationship to the war. Twenty-two of the Staff responded to the call to the colors and are now serving in different parts of the world, and the Surgeon General selected it as a place to give intensive instruction to medical officers selected to make the nervous and mental examinations of the recruiting army and to take care of the nervous and mental diseases occurring in the army. Dr. Pearce Bailey was called to the Surgeon General's office and was put in charge of the nervous and mental work of the army in this country.

Since August 27, 1917, there has been on an average of about twelve medical officers constantly under instruction at the hospital. They have been given intensive training for an average period of six weeks and they have been allotted to the different camps to make nervous and mental examinations or have been sent overseas. In addition to this our Surgeon Dr. Charles A. Elsberg was requested by the Surgeon General to organize in this city a school for the instruction of neurological surgery this to be known as the Neuro-Surgical School of New York and while very prominent neurologists and neurological surgeons of New York are giving the instruction in the school, the Surgeon General has designated the Neurological Institute as the center for this work, and the surgeon of the

Institute as the Director of the school. It is proposed to maintain from 20 to 40 students in this school constantly.

The Medical Board assures the Trustees that the instruction of these young medical officers has been thoroughly done and that many expressions of appreciation of the work have been received. It is proposed by the Surgeon General to continue sending medical officers to the hospital for such instruction.

Despite the depleted medical personnel of the hospital the medical work here has been accomplished thoroughly and if we may be permitted to say so, satisfactorily. The call to the colors of two of the Chiefs has given younger men the opportunity to display their capacity to carry on the work of their Division and they have done it in such a thorough manner that it augurs well for the continued success of the hospital.

The Neurological Institute, like countless hospitals abroad, is undoubtedly threatened with serious restriction of its usefulness to the public but if we are able to continue the work with the same degree of efficiency in the next year that we have in the past, we shall feel that it has not failed to maintain the standard of medical work that has been set during the past eight years.

Every year we are convinced that it has run beyond its capacity and the past year has been no exception. We have taken care of just as many patients as it has been possible to do through the most conscientious individual effort on the part of every member of the Staff and the coordinated efforts of all of them in the greatest unison and harmony. The result has been that the year 1917 may be legitimately considered our most successful year.

I purposely refrain from saying anything to you in this report of the unfavorable conditions under which the medical

personnel of the hospital work, the strain put upon every department of the hospital, the ill adapted physical conditions of the plant to do the work that we are doing and which we hope to continue to do, because all those facts are as familiar to you as they are to us and because we realize that you have been and are bending every effort to remedy them.

The work that the Neurological Institute is now doing is known from one end of the country to the other. Its career and its brief history is ample justification of the needs of such a community for a hospital of its character and its career is the earnest of your wisdom in having established it. An institution that does the work that the Neurological Institute has done and means to do for the requirements of the afflicted in such a community as this, has made this point to be perpetuated and although we have not as yet been so fortunate as to attract the attention of the generous upon whom fortune has lavished its favor, we are big with hope that some one will make it the recipient of his or her beneficence.

During the year 1917 we have lost through death two of our most valued workers. Miss Helen H. Hannahs of the department of Social Research endeared herself in the five years of loyal service which she gave the hospital to every member of the Staff. She was honest, industrious, accurate, reliable and she envisaged the field of her work in a masterful, discerning, far-seeing way.

Dr. Walter Clarke Haupt was one of our most valued and loved co-workers. From the day he joined our ranks the conviction steadily grew in the minds of every one he came in contact with that a great medical mind was unfolding. He was the ideal physician; kindly, sympathetic, understanding, intuitive, perspicacious, tireless and he loved his fellowmen.

Mr. Frederick W. Ellis, the head of our Social Service department for many years and a pillar of strength in the hospital who has borne with equanimity every burden put upon him and has smoothed the rough way for many of us during the seven years of his service, has been given a sabbatical year of absence and his place has been taken by Dr. A. T. Poffenberger. Each succeeding year we are more and more convinced that the Social Research department is an essential adjunct, to the successful work of this Institute.

Finally, the Medical Board desires to be permitted to express its legitimate pride that the President of the Neurological Institute has been entrusted by the American Red Cross with one of the most important missions abroad, namely, Commissioner to Italy. We who have worked with him daily almost since this hospital was initiated, know that the selection was founded in wisdom and in conjunction with the Trustees we anticipate with pleasure the realization of success of his mission.

JOSEPH COLLINS,

*Secretary Medical Board.*

## **HOSPITAL STATISTICS**



### Cases Treated in the Hospital.

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Bone, joint and muscle diseases.....	35	37	72
Brain diseases .....	74	40	114
Brain tumor .....	31	43	74
Cardio-vascular .....	23	19	42
Constitutional inferiority .....	13	14	27
Chorea .....	18	22	40
Cranial nerves .....	19	16	35
Dementia præcox .....	16	21	37
Ductless glands .....	7	29	36
Epilepsy .....	64	45	109
General paresis .....	135	33	168
Headache .....	6	3	9
Hemiplegia .....	6	8	14
Hysteria .....	11	34	45
Intoxications .....	30	9	39
Lues .....	80	37	117
Manic depressive insanity.....	8	39	47
Medical diseases .....	11	17	28
Muscular atrophies, dystrophies and myasthenias..	6	2	8
Neurasthenia .....	9	6	15
Nose and throat.....	1	0	1
Occupational disorders .....	3	2	5
Paralysis Agitans .....	3	2	5
Paranoic states .....	2	1	3
Peripheral nerves .....	59	34	93
Poliomyelitis .....	13	1	14
Psychoneuroses .....	55	60	115
Psychoses .....	29	58	87
Spinal cord diseases.....	64	47	111
Spinal cord tumor.....	16	8	24
Surgical diseases .....	10	12	22
Syphilis of the central nervous system.....	289	131	420
Tabes dorsalis .....	248	79	327
Unclassified .....	17	15	32
	<hr/> 1,411	<hr/> 924	<hr/> 2,335

### Hospital Patients Classified According to Nationality.

	<i>Male</i>	<i>Female</i>
Argentine .....	1	0
Austria .....	140	32
Australia .....	1	0
Bohemia .....	1	2
Canada .....	18	13
Cuba .....	2	1
Denmark .....	1	1
England .....	34	18
Finland .....	1	2
France .....	4	3
Germany .....	144	128
Greece .....	13	0
Holland .....	2	0
Hungary .....	9	22
Ireland .....	61	32
Italy .....	97	29
Mexico .....	1	1
Norway .....	2	4
Poland .....	20	1
Porto Rico .....	1	0
Portugal .....	1	0
Roumania .....	8	6
Russia .....	185	110
Scotland .....	9	2
South America .....	4	1
Spain .....	1	0
Sweden .....	7	7
Switzerland .....	5	0
Syria .....	1	0
Turkey .....	8	0
United States .....	623	509
Wales .....	3	0
West Indies .....	3	0

# Operations Performed in the Surgical Department

From December 1, 1916, to November 30, 1917

	<i>No.</i>	<i>Deaths</i>
Total number of operations.....	166	13
Total number of operations on the nervous system.....	143	11
Total number of operations on the brain.....	79	
Total number of operations on the spinal cord.....	28	
Total number of operations on the peripheral nerves.....	36	
Miscellaneous operations .....	23	
Operations on the brain.....	79	9
Craniotomy, transfrontal, tumor of interpeduncular space	1	
Craniotomy, removal of tumor of parietal lobe.....	2	
Craniotomy, partial removal of tumor of motor area....	1	
Craniotomy, exploratory, for irremovable tumor .....	7	
Craniotomy, exploratory, for suspected tumor, subtempo- ral decompression .....	6	
Craniotomy, exploratory, for tumor of pineal gland.....	1	
Craniotomy, exploratory, encephalitis after removal of tumor .....	1	
Craniotomy, exploratory, aspiration of brain for sus- pected abscess, otitic meningitis.....	1	
Craniotomy, exploratory, Jacksonian epilepsy .....	2	
Craniotomy, exploratory, Jacksonian epilepsy, pachymen- ingitis .....	1	
Craniotomy, exploratory, Jacksonian epilepsy, plastic operation for cranial defect.....	1	
Craniotomy, decompressive, irremovable tumor .....	9	
Craniotomy, decompressive, unlocalized tumor .....	1	
Craniotomy, decompressive, premature ossification of skull	1	
Craniotomy, decompressive, and puncture of corpus callo- sum for irremovable tumor.....	2	
Craniotomy, suboccipital, drainage of cerebellar cyst....	2	
Craniotomy, suboccipital, removal of tumor of acoustic nerve .....	2	
Craniotomy, suboccipital, partial removal of tumor of acoustic .....	2	
Craniotomy, suboccipital, decompressive, irremovable tumor of vermis.....	2	
Craniotomy, suboccipital, decompressive, tumor of cere- bellum and pons.....	2	
Craniotomy, suboccipital, decompressive, irremovable tumor of cerebellar lobe.....	2	
Craniotomy, avulsion or division sensory root of trigem- inus for neuralgia.....	5	
Craniotomy, intracranial division of supramaxillary and inframaxillary branches of trigeminus for neuralgia	2	

	<i>No.</i>	<i>Deaths</i>
Craniotomy, and plastic operation for occipital meningo- cele .....	2	
Puncture of corpus callosum, obstructive hydrocephalus..	7	
Puncture of corpus callosum, obstructive hydrocephalus, tumor .....	2	
Intraventricular injections .....	7	
Aspiration of cerebellar cyst.....	1	
Sellar decompression, tumor of hypophysis.....	3	
Kroenlein operation, tumor of orbit and dura.....	1	
Operations on the spinal cord and nerve roots.....	28	2
Laminectomy, irremovable tumor of vertebrae.....	2	
Laminectomy, pachymeningitis .....	1	
Laminectomy, removal of extradural tumor.....	1	
Laminectomy, removal of extramedullary tumor.....	6	
Laminectomy, varicose veins of cord, excision.....	1	
Laminectomy, meningo-myelitis .....	1	
Laminectomy, adhesive arachnitis .....	3	
Laminectomy, cystic glioma of cord.....	1	
Laminectomy, hydromyelia .....	1	
Laminectomy, exploratory, decompression .....	5	
Laminectomy, neuritis of cauda equina.....	1	
Laminectomy, injury to cauda equina by high explosive..	1	
Laminectomy, division of posterior roots.....	1	
Plastic operation for spina bifida.....	2	
Operations upon the peripheral nerves.....	36	
Neurorrhaphy, rupture of cords of brachial plexus.....	5	
Neurorrhaphy, bullet wound of median nerve.....	1	
Avulsion of branches of trigeminus for neuralgia.....	3	
Alcohol injections for trigeminal neuralgia.....	25	
Saline injection for sciatica.....	1	
Miscellaneous operations .....	23	2
Appendicectomy, acute appendicitis .....	3	
Appendicectomy, chronic appendicitis .....	4	
Tenotomies .....	2	
Tendon transplantations .....	2	
Exenteration of orbital contents for tumor.....	1	
Herniotomy .....	1	
Laparotomy, plastic for incarcerated ventral hernia.....	1	
Plastic for undescended testes.....	1	
Tonsillectomy .....	2	
Transfusion, Unger method.....	2	
Excision of specimen of tumor of femur.....	1	
Excision of sarcoma of back .....	1	
Excision of papillomata of face .....	1	
Circumcision .....	1	

## DISPENSARY STATISTICS

# **Number of Patients Admitted to Dispensary According to Services.**

1917	1ST DIVISION			2ND DIVISION			3RD DIVISION		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
December .....	54	97	151	60	81	141	76	64	140
January .....	77	97	174	82	90	172	96	91	187
February .....	74	61	135	68	69	137	76	83	159
March .....	94	111	205	93	94	187	80	67	147
April .....	101	113	214	102	79	181	75	78	153
May .....	124	132	256	91	99	190	91	88	179
June .....	109	126	235	99	125	224	102	98	200
July .....	105	137	242	82	85	167	110	95	205
August .....	103	121	224	87	91	178	93	77	170
September .....	103	84	187	99	109	208	72	78	150
October .....	108	125	233	91	108	199	77	85	162
November .....	95	99	194	83	92	175	74	79	153
			2450			2159			2005
			Total 6614						



# Cases Treated.

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Aphasia .....	1	2	3
Bone, joint and muscle diseases.....	265	295	560
Brain diseases, miscellaneous.....	76	62	138
Hydrocephalus.			
Encephalitis.			
Cerebral arteriosclerosis.			
Developmental defects.			
Brain tumor .....	10	13	23
Cardio vascular system.....	121	97	218
Heart diseases.			
Arteriosclerosis, general.			
Angio-neurotic group.			
Constitutional inferiority .....	132	128	260
Psychopathy.			
Backward children.			
Imbeciles and idiots.			
Stutterers and stammerers.			
Chorea .....	80	116	196
Cranial nerves .....	50	75	125
Fifth and seventh.			
Dementia præcox .....	48	59	107
Ductless gland diseases.....	25	192	217
Thyroid.			
Pituitary.			
Adrenals.			
Ovaries.			
Eye diseases .....	18	12	30
Ear diseases .....	8	11	19
Epilepsies .....	138	108	246
General paresis .....	63	12	75
Headache .....	70	115	185
Hemiplegia .....	50	29	79
Hysteria .....	30	130	160
Insomnia .....	8	18	26
Intoxications .....	95	75	170
Auto-intoxication.			
Lead.			
Drugs.			
Alcoholism.			

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Medical diseases .....	215	285	500
Meningitis (non-syphilitic) .....	3	4	7
Muscular atrophies, dystrophies and myasthenias....	35	21	56
Multiple sclerosis .....	17	85	102
Neurasthenia .....	204	190	394
Occupation disorders .....	70	95	165
Paralysis agitans .....	34	30	64
Paranoic states .....	12	17	29
Peripheral nerves .....	265	179	444
Brachial plexus distribution.			
Lumbar plexus distribution, sciatica, etc.			
Multiple neuritis.			
Poliomyelitis .....	38	32	70
Psychoneurosis .....	321	368	689
Undifferentiated.			
Anxiety neurosis.			
Compulsion neurosis.			
Post operative neurosis.			
Menopause neurosis.			
Tics.			
Psychasthenia.			
Traumatic neurosis.			
Psychoses .....	25	78	103
Simple depression.			
Involution melancholia.			
Senile psychosis.			
Infective-exhaustive-toxic psychosis.			
Manic-depressive insanity .....	22	30	52
Spinal cord diseases, miscellaneous.....	40	32	72
Meningo-myelitis.			
Myelitis.			
Combined sclerosis.			
Lateral sclerosis.			
Syringomyelia.			
Spinal cord tumor.....	12	8	20
Surgical diseases .....	88	120	208
Syphilis of the central nervous system.....	210	126	336
Tabes dorsalis .....	130	35	165
Unclassified .....	125	138	263
Vertigo .....	5	3	8

### Dispensary Patients Classified as to Nationality.

Africa .....	2	Ireland .....	242
Arabia .....	1	Italy .....	416
Armenia .....	1	Mexico .....	2
Austria .....	508	Newfoundland .....	1
Australia .....	2	Norway .....	12
Bavaria .....	2	Poland .....	26
Belgium .....	6	Roumania .....	119
Bohemia .....	14	Russia .....	1911
Bulgaria .....	1	Scotland .....	17
Canada .....	23	South American .....	3
Cuba .....	2	Spain .....	5
Denmark .....	6	Sweden .....	25
England .....	94	Switzerland .....	10
Finland .....	6	Syria .....	5
France .....	20	Turkey .....	12
Germany .....	226	United States .....	2675
Greece .....	22	Wales .....	1
Holland .....	4	West Indies .....	11
Hungary .....	181		

# Total Treatments Given in Hospital and Dispensary.

1917	Hydrotherapy	Electro-therapy	Mechano-therapy	Massage	Baking	Total
December .....	1,140	1,093	97	641	429	3,400
January .....	1,097	1,411	82	580	293	3,463
February .....	1,162	901	93	624	395	2,275
March .....	1,271	1,498	75	747	353	3,894
April .....	1,301	1,409	95	742	522	4,069
May .....	1,335	1,423	101	789	563	4,211
June .....	1,603	1,458	91	683	361	5,096
July .....	1,732	1,254	85	749	482	4,302
August .....	1,132	1,308	77	597	363	3,477
September .....	1,494	1,323	80	561	460	3,918
October .....	1,362	1,258	93	753	475	3,941
November .....	1,420	1,260	79	652	404	3,815
						45,861

## SUPERINTENDENT'S REPORT.

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*To the Trustees of the Neurological Institute of New York:*

Gentlemen—I have the honor to submit the statistics for the year ending November 30, 1917.

The Hospital organization is giving freely and proudly many of its members to War service but the splendid spirit of those who are left and their determination to do the utmost to carry on the work, despite the tremendous handicap, make it possible to look forward hopefully to the coming year.

The staff of the Hospital had a very Happy Christmas and deeply appreciate your kindly thoughtfulness and generosity.

Respectfully submitted,

E. F. RIVINGTON, R.N.

*Superintendent.*

### PATIENTS ADMITTED TO THE HOSPITAL.

	1916	1917
Private—		
Male .....	457	393
Female .....	251	254
Ward—		
Male .....	1,032	978
Female .....	519	640
Free—		
Male .....	52	40
Female .....	38	30
	2,349	2,335

### NUMBER OF PATIENT DAYS.

Private .....	4,285	4,818
Ward .....	21,862	23,470
Free .....	2,192	2,373
	28,339	30,661

### DISPENSARY PATIENTS.

Number of new patients.....	5,754	6,614
Treatments given .....	43,476	45,861

# Operating Expenses and Earnings for Three Years Each Ending November 30

	EARNINGS			OPERATING EXPENSES			DEFICIT		
	1915	1916	1917	1915	1916	1917	1915	1916	1917
December (1914) ..\$	8,789.53	\$ 12,486.16	\$ 12,205.06	\$ 9,345.03	\$ 11,828.94	\$ 13,401.63	\$ 555.50	\$ *657.22	\$ 1,196.57
January .....	9,631.79	12,922.51	11,906.54	9,231.80	11,679.11	12,449.00	*399.99	*1,243.40	542.46
February .....	9,401.78	12,952.66	11,556.07	9,670.09	12,344.81	12,956.66	268.31	*607.85	1,400.59
March .....	11,665.31	13,197.87	14,365.38	10,905.69	12,672.86	14,431.53	*759.62	*525.01	66.15
April .....	9,707.07	12,380.25	11,461.81	10,577.82	12,016.69	12,621.71	870.75	*363.56	1,159.90
May .....	10,513.77	12,387.66	13,091.72	10,095.54	11,923.26	14,036.32	*418.23	*464.40	944.60
June .....	10,014.36	11,557.95	13,026.36	10,491.68	12,084.05	13,135.64	477.32	526.10	109.28
July .....	9,860.62	10,305.16	11,753.11	10,887.44	11,389.71	13,333.19	1,026.82	1,084.55	1,580.08
August .....	7,679.47	9,559.23	10,431.09	9,509.13	10,934.49	12,547.65	1,829.66	1,375.26	2,116.56
September .....	7,180.71	9,054.44	10,772.33	9,737.19	11,960.06	12,304.51	2,556.48	2,905.62	1,532.18
October .....	9,874.80	13,467.21	12,536.46	10,239.73	14,028.21	13,600.70	364.93	561.00	1,064.24
November .....	11,680.30	12,961.27	11,223.98	11,714.02	13,165.52	11,866.83	33.72	204.25	642.85
Total.....	\$115,999.51	\$143,232.37	\$144,329.91	\$122,405.16	\$146,027.71	\$156,685.37	\$6,405.65	\$2,795.34	\$12,355.46

\* Indicates surplus.



# Comparative Cash Statement for Three Years Each Ending November 30th.

		<i>Receipts.</i>			<i>Disbursements.</i>		
		1915	1916	1917	1915	1916	1917
<b>To Gross Earnings from:</b>							
Private Patients.....		\$ 31,673.69	\$ 41,568.23	\$ 42,921.71	Salaries and wages.....	\$ 48,839.07	\$ 59,262.84
S. P. and Ward Patients.....		53,982.72	58,930.36	57,740.64	Provisions and supplies.....	23,850.70	29,122.90
Special Nursing.....		8,703.84	19,728.65	18,055.13	Rent .....	17,529.00	17,760.15
Dispensary and Treatments....		11,244.46	12,265.87	13,535.55	Medicine and Surgical Supplies..	7,039.94	8,018.63
Miscellaneous Receipts.....		10,394.80	10,749.26	12,076.88	House supplies.....	961.80	1,429.16
					Laundry .....	6,305.67	7,145.33
		\$115,939.51	\$143,232.37	\$144,329.91	Printing, stationery and postage.	1,316.96	1,829.87
Less accounts charged of above..		2,703.48	2,677.77	1,755.14	Telephone and telegraph.....	1,096.85	1,288.59
Cash receipts.....		\$113,296.03	\$140,554.60	\$142,574.77	Repairs and supplies.....	2,306.73	1,898.89
Advance payments from Patients		982.58	1,138.37	972.98	Fuel and light.....	6,211.40	6,627.43
Donations as per list.....		11,363.41	9,088.51	9,648.74	Hospital sundries.....	1,549.97	1,777.61
		\$125,642.02	\$150,781.48	\$153,196.49		\$117,008.09	\$150,716.96
Balance at beginning of year....		14,073.72	8,845.35	14,413.33	Less accounts unpaid of above...	1,034.77	4,133.14
						\$132,028.26	\$147,722.35
					Roof garden expenses.....	1,498.22	1,374.47
					Apparatus and instruments.....	575.40	1,232.39
					Furniture, fixtures and equipment	2,991.50	1,892.15
					Social service.....	3,796.51	4,487.47
					Prepaid expenses.....	343.00	1,987.00
					Corporation expense.....	.....	749.35
					General miscellaneous.....	.....	.....
						\$125,177.95	\$143,879.10
					Balance in Fidelity Bank.....	8,845.35	14,413.33
					Balance in U. S. Mtge. & Tr. Co..	.....	6,331.06
					Cash in hands of Superintendent.	800.00	800.00
					Balance in hands of Treasurer...	4,892.44	534.40
						\$139,715.74	\$159,626.83
		\$139,715.74	\$159,626.83	\$167,609.82		\$159,626.83	\$167,609.82

## REPORT OF SUPERVISOR OF NURSES.

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*To the Trustees of the Neurological Institute of New York:*

*Gentlemen*—The year 1917 has been rather a difficult one in the Nursing Department. Owing to the fact that so many nurses were engaged in war work the demand was greater for general duty, hence a smaller number than usual arranged to take postgraduate work.

While we have endeavored to adhere to the same course of lectures as were formerly given, we have had to obtain substitutes for many of the lecturers who have been called to the colors. Only two of the physicians still remain who have been teaching the nurses heretofore. We have been fortunate in securing Dr. Walter Timme, Dr. George Wright, Dr. Russell G. MacRobert and Dr. Bisch for our lecture course.

### Lectures:

Nursing in Brain Diseases.....	* Foster Kennedy, M.D. Substitute, R. G. MacRobert, M.D.
Nursing in Brain and Spinal Cord Surgery,	
	* Harold Neuhof, M.D., * James H. Kenyon, M.D.
Nursing in States of Excitement.....	Thaddeus Ames, M.D.
Nursing in Drug and Alcohol Cases.....	Thaddeus Ames, M.D.
Anatomy and Physiology of the Brain and Spinal Cord,	
	* C. Burns Craig, M.D. Substitute, George Wright, M.D.
Pathological Conditions of the Spinal Cord.....	Thaddeus Ames, M.D.
Anatomy and Physiology of the Nervous System....	* C. Burns Craig, M.D. Substitute, George Wright, M.D.
Significance of Laboratory Tests.....	* David M. Kaplan, M.D.
Internal Secretions .....	* David M. Kaplan, M.D.
Nursing in States of Depression.....	* Morris J. Karpas, M.D.
Observation, Differentiation and Immediate Treatment of Fits,	
	* Foster Kennedy, M.D. Substitute, R. G. MacRobert, M.D.

\* In Active Military Service.

Emergency Care of the Insane.....\*Morris J. Karpas, M.D.  
 Nursing in Dementia..... \*Morris J. Karpas, M.D.  
 Illusions, Delusions and Hallucinations. ....Junius W. Stephenson, M.D.  
 Neurasthenia, Psychasthenia, Hysteria.....Dr. Bisch  
 Psychology .....\*Dr. Poffenberger

#### CLASS AND DEMONSTRATION WORK.

Electrotherapy ..... \*Dr. Evans..... 6 classes  
 Mechanotherapy and Massage.....Mr. Nelson..... 8 classes  
 Hydrotherapy ..... Miss Williams .....16 classes  
 Occupation .....\*Miss Laura LaForce, R.N.24 classes  
 Mental Tests..... Miss G. Tallman ..... 2 classes

During the year nineteen nurses have entered training,  
 nineteen graduated, three resigned and nine are still in training

We very much appreciate the continued kindness of the  
 Medical and Surgical Staff in lecturing to the nurses and also  
 for their care of them in illness.

Respectfully submitted,

\* Active Military Service.

GERTRUDE M. DWYER, R.N.

*Supervisor of Nurses.*

## REPORT OF OCCUPATION DEPARTMENT.

---

Within the last year this department has in some ways extended its activities, adding not only to its therapeutic value to the patient, but creating perhaps a greater interest than ever before.

A new loom, the gift of a former postgraduate nurse, has been added to the department, which offers a greater diversity of activity and opportunity for creative design.

Knitting, one of the principal activities of this department, has received great stimulus, in view of the needs of the soldiers in service. Sewing has also been a popular occupation due to the marked purpose to which the finished product is put.

We feel very strongly that with the united cooperation of the medical staff, much more can be accomplished with the patients along the new avenues of occupational activity.

I beg to submit the following schedule:

Total number of patients working..... 250

### *Pieces of work completed:*

Reed baskets .....	168
Knitting .....	36 pieces
Sewing .....	100 pieces
Embroidering and crocheting.....	35 pieces
Chair caning .....	19 chairs
Weaving .....	8 pieces
Drawing .....	215 pieces

### *Printing:*

Census slips .....	10,150
Treatment Cards .....	4,815
Out Slips .....	1,300
X Ray Slips.....	1,468
Miscellaneous .....	1,490

Respectfully submitted,

\*LAURA B. LAFORCE, R. N.,

*For the Occupation Department.*

January 8, 1918.

\* Active Military Service.

## REPORT OF THE DEPARTMENT OF SOCIAL RESEARCH.

*To the Trustees of the Neurological Institute of New York:*

*Gentlemen*—The following report for 1916-1917 covers the sixth year of work of the Department of Social Research.

The number of cases registered during the year was 922, as compared with 814 in the preceding year. The number of mental tests given was 587, as compared with 377 the year before. An increase in the number of mental tests followed on the concentration of the testing in the hands of Miss Hannahs, and was largely the result of her able and untiring efforts. Her work came to a close with her death August 15, 1917. For over four years Miss Hannahs had given to the Institute a service characterized by unfailing industry and zeal, and marked in every feature by the reflection of her unswerving integrity of purpose and her high mental and spiritual ideals. She came to the Institute after years of honorable service in the State Normal College at Albany, and Adelphia College in Brooklyn, rich in culture and experience, and with complete simplicity and generosity she gave to the patients of this clinic the same devoted service as she gave to her former pupils. Others may equal her work on the technical side in years to come, but none will surpass her in loyalty to the Institute, or in understanding of its aims and methods. Miss Hannahs had accumulated a considerable amount of material ready to be formulated into scientific reports, and not the least of the sacrifices she made for her work was the



resolute putting aside of the pleasurable task of research in the interests of a prompt and adequate discharge of her obligations to each individual patient. These individual reports, hundreds in number, were wrought out with great care, and no patient's interests ever suffered through lack of promptness in their presentation.

The most important single piece of work of the year was the Laboratory school experiment, described in outline in the last annual report. The experiment was discontinued at the end of the school year, largely on account of the changed conditions brought on by the war. While it could not accomplish its full purpose as an experiment in a single year, it is possible to say that under the direction of Miss Johnson and Miss Fisk it made a real contribution toward solving the problem of teaching nervous children. The funds for the school were supplied by the Bureau of Educational Experiments. The annual report of the Bureau states that "it was the aim of the school to make a scientific study of a few atypical children, who were potentially normal, but whose nervous disorders were sufficiently serious to make them incapable of learning through the ordinary school channels. The Bureau hoped not merely that some pedagogical treatment for such children might come out of this study, but that some more sensitive methods of detecting approaching symptoms of certain disorders might be developed, so that these children might be helped in the initial stages of their difficulties. But more than this and above all, the Bureau hoped that the psychological analyses made of these children would be taken directly into the school room, and that the teacher and the psychologist together might work out the significance of the psychological



data for school purposes. The idea of a laboratory was paramount, the idea of a school, incidental. This combination of neurological, psychological and pedagogical methods formed a somewhat unique approach to the problem of dealing with children handicapped by nervousness. The work of the school was done thoughtfully and a full and careful record was kept. This record is now in the keeping of the Bureau of Educational experiments, where it is open to consultation by teachers. An adequate summary of it would be too long for this report and its publication will have to be sought through some other channel.

The psychological work has been put in charge of Dr. A. T. Poffenberger of Columbia University, assisted by Miss Tallman.

The director of the department is indebted to the Institute for a leave of absence for a year from October first. The social work for the year has been placed under the care of Miss Rainey, whose years of valuable service to the department in this field insure its adequate conduct.

Respectfully submitted,

FREDERICK W. ELLIS.

## DONATIONS.

Financial donations were received during year ended November 30th, 1917, from the following:

Mrs. James H. Aldrich	Mr. H. K. Knapp
Mr. A. Bellar	Mr. Otto Kaufmann
Mr. William Bernard	Mr. Roland S. Kursheedt
Mrs. William H. Bliss	Mr. Walter G. Ladd
Messrs. Barten Bros. Co.	Mr. L. N. Littauer
Mr. M. J. Breitenbach	Mr. Edmund J. Levine
Mr. J. L. Buttenweiser	Mr. and Mrs. Clarence Blair Mitchell
Mr. M. C. Bouvier	Miss Bella Moses
Mr. Henry Phelps Case	Mrs. L. M. Musliner
Mr. Ernest Trow Carter	Mrs. Charles Neave
Mrs. Campbell Clark	Mr. Robert P. Perkins
Mr. Louis C. Clark	Mr. A. E. Reinthal
Miss Mabel Choate	Mr. Theodore Roosevelt, Jr.
Church of the Messiah	Mr. Charles Scribner
Dr. Joseph Collins	Mr. Charles Robinson Smith
Mr. Sherman Day	Mr. George W. Spitzner
Mr. Henry de Coppet	Mr. A. B. Strange
Mr. James Douglas	Mrs. Steckler
Mrs. Max Danziger	Messrs. Franklin Simon & Co.
Dr. Charles L. Dana	Mr. W. V. S. Thorne
Dr. Charles A. Elsberg	Mr. Isaac Townsend
Mr. A. J. Erdmann	United Hospital Fund
Mr. James Ford	Mr. Henry de Forest Weekes
Mrs. F. Fleischmann	Mr. Henry Wollman
Mr. Daniel Guggenheim	Mr. Harrison Williams
Mr. Armory G. Hodges	Mr. Richard H. Williams
Mrs. C. O. Iselin	Mrs. Orme Wilson
Mr. Louis Kadono	Mr. R. Thornton Wilson

The following gifts were received:

Christmas decorations, trees, holly, cut flowers and plants, dolls, toys, games, stockings, Easter decorations and flowers, magazines, clothing, Victrola records, pictures, ice cream and cake, apples, jellies, jams and marmalade, potatoes, a loom for occupation department, rugs, typewriter, air bed, wheel chair, Service Flag and books from:

Miss Marie Barclay	Mrs. Wm. Mabon
Miss Belle Brazier	Mr. A. H. Rosenweig
Miss Isabel Caskie	Mr. A. E. Reinthal
Mr. Sherman Day	Mr. R. P. Perkins
Mrs. A. J. Erdman	Mrs. S. M. Sternbach
Mrs. Al Hayman	Mrs. Schroeder
Mrs. Mansell Field	Mr. Donald Scott
Miss Gertrude Hencken	Dr. J. W. Stephenson
Miss Mary Hannahs	Mr. and Mrs. Stickney
Mrs. Armory G. Hodges	Mr. and Mrs. R. H. Williams
Mrs. Walter G. Ladd	

Donors to Social Research Department:

Mrs. W. F. Adam	Mrs. Frederick Peterson
Mrs. M. Berman	Dr. Frederick Peterson
Bureau of Educational Experiments	Mrs. Dan Weil







## Form of Bequest

I give and bequeath to the NEUROLOGICAL INSTITUTE OF NEW YORK, a corporation created in the year 1909, under the Laws of the State of New York, or to the Treasurer thereof for the time being, for its corporate purposes, the sum of..... dollars.

---

## Form of Devise of Real Estate

I give and devise to the NEUROLOGICAL INSTITUTE OF NEW YORK, a corporation created in the year 1909, under the Laws of the State of New York, for its corporate purposes, all that,  
(Here describe the property.)



FILE COPY  
NOT TO BE TAKEN  
FROM ROOM.  
HARRISON WILLIAMS.

MF COLLECTION

**NINTH ANNUAL REPORT**

OF

**THE NEUROLOGICAL  
INSTITUTE**

OF

**NEW YORK**

**FOR THE YEAR ENDED  
NOVEMBER 30, 1918**

**NEW YORK CITY  
149-151 EAST 67TH STREET**













**NINTH ANNUAL REPORT**

**OF**

**THE NEUROLOGICAL  
INSTITUTE**

**OF**

**NEW YORK**

**FOR THE YEAR ENDED  
NOVEMBER 30, 1918**

**NEW YORK CITY  
149-151 EAST 67TH STREET**

**THE NEUROLOGICAL INSTITUTE  
OF NEW YORK**

For the Study and Treatment of Nervous and  
Mental Diseases

Incorporated 1909

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**For the Year Ending November 30, 1919.**

**OFFICERS.**

‡ROBERT P. PERKINS,  
*President.*

RICHARD H. WILLIAMS,  
*Vice-President.*

SHERMAN DAY.  
*Secretary.*

HARRISON WILLIAMS,  
*Treasurer.*

---

**EXECUTIVE COMMITTEE.**

WALTER G. LADD

ROBERT THORNE

The VICE-PRESIDENT, *ex officio.*

---

**FINANCE COMMITTEE.**

HARRISON WILLIAMS

RICHARD H. WILLIAMS

R. THORNTON WILSON

---

**TRUSTEES.**

CHARLES L. DANA, M.D.

THOMAS F. RYAN

SHERMAN DAY

CHARLES SCRIBNER

H. K. KNAPP

FRANK G. THOMSON

WALTER G. LADD

ROBERT THORNE

CLARENCE B. MITCHELL

ISAAC TOWNSEND

‡ROBERT P. PERKINS,

HARRISON WILLIAMS

\*THEODORE ROOSEVELT, JR.

RICHARD H. WILLIAMS

— R. THORNTON WILSON

‡Red Cross.

\*Active Military Service.

For the Year Ending November 30. 1919.

**MEDICAL BOARD.**

\*JOSEPH COLLINS, M.D.  
FREDERICK PETERSON, M.D.  
\*PEARCE BAILEY, M.D.  
CHARLES A. ELSBERG, M.D.,  
*Secretary.*

---

**CONSULTANTS.**

**Neurologists.**

CHARLES L. DANA, M.D. \*J. RAMSEY HUNT, M.D.

**Alienist.**

\*MENAS S. GREGORY, M.D.

**Physicians.**

WALTER B. JAMES, M.D. VAN HORN NORRIE, M.D.

**Surgeon.**

ROBERT ABBE, M.D.

**Gynecologists.**

J. CLIFTON EDGAR, M.D. JAMES W. MARKOE, M.D.

**Dermatologist.**

JOHN A. FORDYCE, M.D.

**Orthopedic Surgeon.**

VIRGIL P. GIBNEY, M.D.

**Laryngologist.**

WILLIAM LEDLIE CULBERT, M.D.

**Otologist.**

EDWARD BRADFORD DENCH, M.D.

**Ophthalmologist.**

WARD A. HOLDEN, M.D.

**Assistant Ophthalmologist.**

WALTER B. WEIDLER, M.D.

**Enterologist.**

\*JEROME MORLEY LYNCH, M.D.

\*Active Military Service.

For the Year Ending November 30, 1919.

## MEDICAL STAFF.

### FIRST DIVISION.

*Physician to the Neurological Institute.*

\*JOSEPH COLLINS, M.D.

*Assistant Physicians.*

\*EDWIN G. ZABRISKIE, M.D.,

HENRY K. MARKS, M.D.,

\*C. BURNS CRAIG, M.D.,

JAMES L. JOUGHIN, M.D.

*Chief of Clinic.*

GEORGE J. WRIGHT, M.D.

*Resident Physicians.*

\*R. FINLEY GAYLE, M.D.,

ABRAHAM M. ORNSTEIN, M.D.

### Assistants in Outdoor Department.

\*ALEXANDER H. WILLIAMSON, M.D. MERRITT W. BARNUM, M.D.  
SANTE NACCARATI, M.D. HENRY W. MILLER, M.D.

### SECOND DIVISION.

*Physician to the Neurological Institute.*

FREDERICK PETERSON, M.D.

*Assistant Physicians.*

\*R. FOSTER KENNEDY, M.D.,

RUSSELL G. MAC ROBERT, M.D.,

*Chief of Clinic.*

\*JUNIUS W. STEPHENSON, M.D.

*Acting Chief of Clinic.*

ROBERT E. POU, M.D.

*Resident Physicians.*

\*EDWARD L. ROCHFORD, M.D.,

EDWARD M. APPLEBE, M.D.

### Assistants in Outdoor Department.

HERBERT C. CHASE, M.D.,

\*THOMAS K. DAVIS, M.D.

### THIRD DIVISION.

*Physician to the Neurological Institute.*

\*PEARCE BAILEY, M.D.

*Assistant Physician.*

WALTER TIMME, M.D.

*Chief of Clinic.*

-\*MORRIS J. KARPAS, M.D.

*Acting Chief of Clinic.*

FLORIZEL DE L. MYERS, M.D.,

*Resident Physicians.*

\*IRVING H. PARDEE, M.D.,

ALBERT M. SIEWERS, M.D.,

### Assistants in Outdoor Department.

\*LEIZER GRIMBERG, M.D.

\*JOHN F. W. MEAGHER, M.D.

NORMAN SHARPE, M.D.

HENDERSON B. DEADY, M.D.

\*ROYAL G. CANNADAY, M.D.

SAMUEL T. ARMSTRONG, M.D.

FREDERICK C. GRAY, M.D.

\*JAMES H. HUDDLESON, M.D.

\*Active Military Service.

-Deceased.



For the Year Ending November 30, 1919.

### **SURGICAL STAFF.**

*Surgeon to the Neurological Institute.*

CHARLES A. ELSBERG, M.D.,

*Associate Surgeon.*

ALFRED S. TAYLOR, M.D.,

**Assistants to the Surgeon.**

\*HAROLD NEUHOF, M.D.

\*JAMES H. KENYON, M.D.

---

### **LABORATORIES.**

**Clinical and Research.**

*Temporary Director.*

EDWARD W. APPLEBE, M.D.,

*Assistants.*

RUTH SHIVITZ,

RUTH WALTHER,

**Historical and Neurological.**

JAMES B. GERE, M.D.,

**Roentgenographer.**

-DR. E. W. CALDWELL, M.D.,

MR. PERCY C. ASHLEY.

---

### **DENTIST.**

WILLIARD B. FORCE, D.D.S.

---

### **THERAPEUTIC DEPARTMENT.**

**In Charge of Applied Therapeutics.**

*Resident Interne.*

### **HEADS OF THERAPEUTIC DEPARTMENT.**

**Hydrotherapy.**

\*ELIZABETH WILLIAMS, R.N.      GERTRUDE M. HYNES, R.N.

JOHN HOMMEL

**Massage and Mechanotherapy.**

CHARLES NELSON

ANNA LARSEN

BETSY ANDERSON

ELIZABETH LARSEN

K. ANDERSON

SVEA JONASON

J. E. DESSLE

ERNEST GUNTHER

**Gymnastics.**

HENRY NEIDEREE

\*Active Military Service.

-Deceased.

**For the Year Ending November 30, 1919.**

**Superintendent.**

ESTHER F. RIVINGTON, R.N.

**Supervisor of Nurses.**

GERTRUDE M. DWYER, R.N.

**Cashier.**

EDWARD A. POWERS

**Registrar.**

ALFRED ROBINSON

**Night Supervisor.**

MADOLIN A. DUNN, R.N.

**Dispensary Supervisor.**

ANNIE T. MOONEY

**Private Floors.**

SUSAN M. TAYLOR, R.N.

**Women's Wards.**

\*SARAH DANNECKER, R.N.

KATHERINE SMITS, R.N.

**Men's Wards.**

\*DAISY D. COLBURN, R.N.

PHILOMENA CRUSOE, R.N.

**Occupation Department.**

ELSEY TAFT, R.N.

---

**DEPARMENT OF SOCIAL RESEARCH.**

**Director.**

GLADYS TALLMAN,

Social Investigator.

LULA H. RAINEY.

\*Active Military Service.

**The Following Reports and Statistics are for the Year  
Ended November 30, 1918.**

REPORT OF THE EXECUTIVE COMMITTEE TO THE  
TRUSTEES OF THE NEUROLOGICAL INSTITUTE  
OF NEW YORK.

*Dear Sirs:*

The past year has been probably the most notable in the life of the Institute. Notwithstanding the absence of many of the regular staff in military service, the work of the Institute has been successfully carried on in all departments without diminution in volume or importance, and at the same time, notwithstanding our already cramped quarters and inadequate equipment, our Institute has been practically the only important centre of neurological training and education for the medical officers of the United States Army. Courses in neurosurgery and neuro-psychiatry have been conducted with great success by Dr. Elsberg and Dr. Timme, and the attendance in those courses has aggregated more than 250 officers who have generally expressed great enthusiasm for the Institute and its work.

War conditions have demonstrated in a conspicuous and convincing manner the great need and importance in peace as well as in war of special care and treatment for neurological patients, and still more so of specialized neurological training and education. Our Institute is still the only neurological centre in the Country, and is the logical foundation on which to build the greater institute of neurology and psychiatry, primarily educational in its character, which the Country will demand, and which will be national in its scope and influence. This great sociological and philanthropic opportunity is presented to us, and in view of the newly awakened and wide spread public knowledge and interest in neurology, we believe the time is ripe for an appeal for the funds necessary to provide the Institute with an adequate building and equipment and an adequate endowment to enable it to grasp this great opportunity and fulfil the high function which has been the aim and hope of its founders from the beginning.

Respectfully submitted,

ROBERT THORNE,  
For the Executive Committee.

## REPORT OF THE MEDICAL BOARD.

---

December 3rd, 1918.

*To the Trustees of the Neurological Institute, New York City:*

*Gentlemen:*

In spite of the abnormal conditions due to the war, and the absence of about thirty of the Medical and Surgical Staff on military service, we may look back upon the work of the past year as being notable in many respects.

Not only has the Hospital been filled to its capacity, thus accomplishing the main purpose of the Neurological Institute—to offer an asylum in which relief may be obtained by those suffering from diseases of the nervous system—but the medical work has been greatly advanced in another direction. A very important function of a modern hospital is to train members of the medical profession and to use the clinical facilities of the institution for teaching purposes, thereby furnishing the community with medical men who—through the instruction they have obtained—will be able to alleviate suffering and cure disease.

A hospital does not fully perform its functions unless this object is attained. We are glad to state to you that the Neurological Institute is now recognized in our country as a unique institution for teaching purposes. The War Department

selected our institution as a center for training medical officers of the United States Army, and during the past year more than 250 officers of the Medical Corps have received instruction in the medical and surgical aspects of nervous disease.

We may be permitted to state, with justifiable pride, that this work of the Neurological Institute has received commendation both from Government authorities and from the medical community of our country. Requests for courses of instruction are being frequently received from physicians in civil life and many of the army officers have expressed their desire to return to the Institute for further instruction after the completion of the war. We feel certain that—as soon as the conditions due to the war are readjusted—many demands will be made upon our Institution for highly scientific instruction in the diseases of the nervous system.

The Medical Board is fully cognizant and appreciative of the efforts of the Board of Trustees who have so successfully brought our Institution through a period of trial which threatened us as it did other hospitals, with a serious restriction of usefulness. That the work of the Institute has been accomplished satisfactorily has been due to your constant support and aid, and to the conscientious individual and concerted efforts of the members of the hospital staff.

The Medical Board assures the Trustee that the few members of the medical staff of our Hospital, who, for one or another reason, have not entered military service, have cheerfully given time and effort so that the medical work of the Hospital could be well done.

During the year 1918 we have lost through death Dr. Morris



J. Karpas, Major in the Medical Corps of the United States Army, Chief of Clinic on the Third Division of the Hospital, who died in France while on active service. Dr. Karpas, trained in our Institution, had made for himself a prominent place in the medical profession and was highly regarded in the military service. He had been recommended for advancement to the grade of Lieutenant Colonel before his death. The Institute has lost in him a loyal and sympathetic friend, and a valuable medical officer. The loss is a grievous one for the community as well.

The Medical Board has greatly missed two of its members, both of whom are in active military service, Dr. Pearce Bailey, Colonel in the Medical Corps, in charge of the nervous and mental work of the Army in this country, and Dr. Joseph Collins, Major in the Medical Corps, on duty in Italy, in charge of the Medical Department of the American Red Cross. We hope that with the end of the war in sight, we shall soon have them with us again in work and in counsel.

That, as always, Miss Rivington, the Superintendent of the Hospital, and Miss Dwyer, the Supervisor of Nurses, have, thru their unfailing efforts and courtesy, been of great help to the Medical Board, need hardly be mentioned.

Finally, may we not hope that the Board of Trustees will soon be successful in their efforts to provide for a new hospital. You well know that we have outgrown the present one. With a new hospital and enlarged facilities, the work of the Neurological Institute will impress itself upon the whole country. The career of the Neurological Institute is an evidence of your wisdom in having established it. With a new

hospital, the work would rapidly develop in magnitude and importance. In a new hospital lies the future—and a very great future—for medical education and for the advance of our knowledge and of the treatment of diseases of the nervous system. What nobler ideal could there be for all of us!

CHARLES A. ELSBERG,  
*Secretary of the Medical Board.*

## **HOSPITAL STATISTICS**

## Cases Treated in the Hospital.

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Bone, joint and muscle diseases.....	21	29	50
Brain diseases .....	39	24	63
Brain tumor .....	26	15	41
Cardio-vascular .....	25	13	38
Constitutional inferiority .....	11	14	25
Chorea .....	13	21	34
Cranial nerves .....	5	9	14
Dementia preacox .....	9	11	20
Ductless glands .....	15	41	56
Epilepsy .....	52	30	82
General paresis .....	104	36	140
Headache .....	2	6	8
Hemiplegia .....	46	29	75
Hysteria .....	6	19	25
Intoxications .....	16	12	28
Lues .....	204	119	323
Manic depressive insanity.....	19	37	56
Medical diseases .....	9	22	31
Muscular atrophies, dystrophies and myasthenias...	19	10	29
Neurasthenia .....	20	35	55
Occupational disorders .....	2	1	3
Paralysis Agitans .....	10	6	16
Paranoiac states .....	9	8	17
Peripheral nerves .....	61	33	94
Poliomyelitis .....	3	1	4
Psychoneuroses .....	33	51	84
Psychoses .....	10	17	27
Spinal cord diseases.....	88	43	131
Spinal cord tumor.....	10	5	15
Surgical diseases .....	7	8	15
Syphilis of the central nervous system.....	166	59	225
Tabes dorsalis .....	426	105	531
Unclassified .....	68	36	104
	<hr/> 1,554	<hr/> 905	<hr/> 2,459

## Hospital Patients Classified According to Nationality.

	<i>Male</i>	<i>Female</i>
Austria .....	104	53
Australia .....	1	0
Bavaria .....	1	0
Belguim .....	1	0
Bohemia .....	1	1
Canada .....	20	22
Denmark .....	3	0
England .....	38	20
Finland .....	2	2
France .....	10	2
Germany .....	112	52
Greece .....	6	0
Holland .....	1	0
Hungary .....	7	12
Ireland .....	42	44
Italy .....	151	47
Luxemburg .....	1	0
Mexico .....	1	3
Norway .....	2	3
Poland .....	6	4
Porto Rico .....	1	0
Roumania .....	9	6
Russia .....	272	169
Scotland .....	8	3
South America .....	6	1
Spain .....	2	0
Sweden .....	19	5
Switzerland .....	5	0
Turkey .....	5	0
Tangier .....	1	0
United States .....	728	450
Wales .....	1	0
West Indies .....	2	0

## Operations Performed in the Surgical Department

From December 1, 1917, to November 30, 1918

	<i>No.</i>	<i>Deaths</i>
Total number of operations.....	127	
Total number of operations on the nervous system.....	112	4*
Total number of operations on the brain.....	62	
Total number of operations on the spinal cord.....	24	
Total number of operations on the peripheral nerves.....	26	
Miscellaneous operations .....	15	
Operations on the brain.....	62	3*
Craniotomy, frontal cyst .....	1	
Craniotomy, transfrontal, tumor of interpeduncular space .....	1	
Craniotomy, removal of tumor of parietal lobe.....	1	
Craniotomy, exploratory, for irremovable tumor.....	4	
Craniotomy, exploratory, suspected tumor, right sub- temporal decompression .....	1	
Craniotomy, exploratory, Jacksonian epilepsy.....	4	
Craniotomy, decompressive, irremovable tumor.....	10	
Craniotomy, decompressive, unlocalized tumor.....	4	
Craniotomy, decompressive, double, mid brain tumor...	1	
Craniotomy, suboccipital, cerebellar cyst.....	1	
Craniotomy, suboccipital, removal of tumor of acoustic nerve .....	1	
Craniotomy, suboccipital, decompressive, irremovable tumor of vermis.....	2	
Craniotomy, suboccipital, decompressive, tumor of cerebellum and pons.....	1	
Craniotomy, suboccipital, decompressive, irremovable tumor of cerebellar lobe.....	1	
Craniotomy, avulsion or division of sensory root of trigemini for neuralgia.....	13	
Craniotomy, intracranial division of supramaxillary and inframaxillary branches of trigemini for neuralgia .....	4	
Craniotomy, depressed fracture of skull with laceration of longitudinal sinus.....	1	
Craniotomy, plastic for occipital meningocele.....	1	
Craniotomy, puncture of corpus callosum, obstructive hydrocephalus .....	4	
Craniotomy, intraventricular injections .....	5	
Aspiration of cerebellar cyst.....	1	



	<i>No.</i>	<i>Deaths</i>
Operations on the spinal cord and nerve roots.....	24	1*
Laminectomy, removal of extradural tumor.....	1	
Laminectomy, removal of extramedullary tumor.....	3	
Laminectomy, intramedullary tumor .....	3	
Laminectomy, meningomyelitis .....	3	
Laminectomy, arachnoid cyst, neuritis of cauda.....	1	
Laminectomy, exploratory, decompression .....	4	
Laminectomy, fresh fracture of spine.....	1	
Laminectomy, old fracture of spine.....	5	
Laminectomy, division of posterior roots.....	1	
Plastic operation of spina bifida.....	2	
Operations upon the peripheral nerves.....	26	
Neurorrhaphy, rupture of cords of brachial plexus....	6	
Neurorrhaphy, division of median and ulnar nerves....	1	
Neurorrhaphy, division of external and internal pop- liteal nerves .....	1	
Neurolysis, injury to musculo spiral nerve.....	2	
Excision of fibrola of ulnar nerve.....	1	
Excision of sarcoma of sciatic nerve.....	1	
Alcohol injections for trigeminal neuralgia.....	14	
Miscellaneous operations .....	15	
Appendicectomy, acute appendicitis.....	5	
Herniotomy .....	1	
Transfusion, Unger method.....	3	
Orchidectomy .....	1	
Removal of breast tumor.....	2	
Bone transplantation for fracture of malleolus.....	1	
Bone transplantation for fracture of os calcis.....	1	
Excision of bone cyst.....	1	

\*Causes of death.

1. Three days after craniotomy (first stage) for tumor in interpeduncular space.
2. Six days after exploratory craniotomy for irremovable tumor of brain.
3. Five days after secondary removal of tumor in cerebello-pontine angle.
4. Twelve days after removal of extramedullary spinal tumor, from pneumonia.

## **DISPENSARY STATISTICS**

**Number of Patients Admitted to Dispensary According to Services.**

1918	1ST DIVISION			2ND DIVISION			3RD DIVISION		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
December.....	65	80	145	100	103	203	61	48	109
January.....	81	84	165	98	94	192	71	76	147
February.....	103	97	200	93	88	181	52	42	94
March.....	85	93	178	114	112	226	95	87	182
April.....	103	130	233	101	130	231	89	84	173
May.....	95	95	190	97	133	230	107	102	209
June.....	95	117	212	104	104	208	85	83	167
July.....	86	82	168	96	99	195	98	92	190
August.....	83	95	178	94	78	172	80	87	168
September.....	81	82	163	83	81	164	70	76	146
October.....	99	89	188	73	67	140	91	69	160
November.....	62	81	143	92	83	175	83	90	173
			2163			2317			1918
			Total 6398						

## Cases Treated.

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Aphasia .....	2	1	3
Bone, Joint and muscle diseases.....	428	403	831
Brain diseases, miscellaneous.....	139	72	211
Hydrocephalus			
Encephalitis.			
Cerebral arteriosclerosis.			
Developmental defects.			
Brain tumor .....	6	7	13
Cardio vascular system.....	114	124	238
Heart diseases.			
Arteriosclerosis.			
Angio-neurotic group.			
Constitutional inferiority .....	215	116	331
Psychopathy.			
Backward children.			
Imbeciles and idiots.			
Stutterers and stammerers.			
Chorea .....	183	127	310
Cranial nerves .....	55	66	121
Fifth and seventh.			
Dementia praecox .....	60	49	109
Ductless gland diseases.....	76	145	221
Thyroid.			
Pituitary.			
Adrenals.			
Ovaries.			
Eye diseases .....	15	14	29
Ear diseases .....	23	20	43
Epilepsies .....	173	125	298
General paresis .....	41	8	49
Headache .....	44	54	98
Hemiplegia .....	23	14	37
Hysteria .....	18	79	97
Insomnia .....	5	3	8
Intoxications .....	111	139	250
Auto-intoxication.			
Lead.			
Drugs.			
Alcoholism.			

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Medical diseases .....	188	259	447
Meningitis (non-syphilitic) .....	2	1	3
Muscular atrophies, dystrophies and myasthenias. ....	10	4	14
Multiple sclerosis .....	8	8	16
Neurasthenia .....	159	195	354
Occupation disorders .....	26	6	32
Paralysis agitans .....	20	17	37
Paranoic states .....	2	8	10
Peripheral nerves .....	297	200	497
Brachial plexus distribution.			
Lumbar plexus distribution, sciatica, etc.			
Multiple neuritis.			
Poliomyelitis .....	18	10	28
Psychoneurosis .....	290	350	640
Undifferentiated.			
Anxiety neurosis.			
Compulsion neurosis.			
Post operative neurosis.			
Menopause neurosis.			
Tics.			
Psychasthenia.			
Traumatic neurosis.			
Psychoses .....	51	104	155
Simple depression.			
Involution melancholia.			
Senile psychosis.			
Infective-exhaustive-toxic psychosis.			
Manic depressive insanity.....	23	43	66
Spinal cord diseases, miscellaneous.....	56	39	95
Meningo-myelitis.			
Myelitis.			
Combined sclerosis.			
Lateral sclerosis.			
Syringomyelia.			
Friedreichs.			
Spinal cord tumor.....	5	2	7
Surgical diseases .....	10	11	21
Syphilis of the central nervous system.....	174	187	361
Tabes dorsalis .....	47	12	59
Unclassified .....	145	115	260
Vertigo .....	2		2
Normal child .....	2	1	3

### Dispensary Patients Classified as to Nationality.

Africa .....	2	Iceland .....	1
Argentina .....	1	Ireland .....	188
Armenia .....	3	Italy .....	422
Austria .....	562	Japan .....	1
Australia .....	4	Luxemburg .....	2
Bavaria .....	3	Mexico .....	5
Belguim .....	7	Newfoundland .....	3
Bohemia .....	12	Norway .....	10
Brazil .....	2	Poland .....	29
Bulgaria .....	1	Roumania .....	99
Canada .....	16	Russia .....	1872
Cuba .....	2	Scotland .....	20
Cyprus .....	1	South America .....	4
Denmark .....	5	Spain .....	6
England .....	82	Sweden .....	23
Finland .....	8	Switzerland .....	6
France .....	19	Syria .....	4
Germany .....	181	Turkey .....	11
Greece .....	19	United States .....	2579
Holland .....	5	Wales .....	2
Hungary .....	171	West Indies .....	5



# Total Treatments Given in Hospital and Dispensary.

1918	Hydrotherapy	Electro-therapy	Mechano-therapy	Massage	Baking	Total
December . . . . .	1,140	1,093	97	544	429	3,303
January . . . . .	433	1,124	59	414	459	2,489
February . . . . .	1,162	1,067	73	378	592	3,272
March . . . . .	524	1,277	68	528	378	2,775
April . . . . .	1,348	1,284	49	556	583	3,820
May . . . . .	1,435	1,123	71	490	563	3,682
June . . . . .	1,603	1,169	38	571	333	3,714
July . . . . .	1,421	1,056	12	493	215	3,143
August . . . . .	1,115	985	29	481	285	2,895
September . . . . .	1,696	1,005	11	346	559	3,617
October . . . . .	486	1,026	13	544	475	2,544
November . . . . .	520	1,080	29	346	396	2,271
						37,525

## SUPERINTENDENT'S REPORT.

---

*To the Trustees of the Neurological Institute of New York:  
Gentlemen:*

The year that has just been closed has been fraught with crucial and economically important developments. The war has demonstrated the value and necessity of a highly specialized neuro-psychiatric and neuro-surgical personnel under the Surgeon General of the Army. In arranging for this personnel, it was at once apparent that there was not a sufficient number of such specially trained officers in the country and steps were at once initiated to train adaptable medical men intensively for this purpose in such schools. Among the several centres and schools chosen for this training, the Neurological Institute rapidly rose in importance on account of the excellence of the preparation afforded these officers, and shortly became practically the only school on the Atlantic seaboard for intensive training of medical officers in neuro-psychiatry.

In both the neuro-psychiatric and neuro-surgical schools almost 300 officers were trained. This one fact alone justifies—if such justification were necessary—the establishment and maintenance of the Neurological Institute. Our facilities have also been used for the practical training of Reconstruction Aids and Social Psychiatrists.

Among the large number of our staff, both physicians and nurses, who have offered themselves to their country in its hour of need, two have paid with their lives. Dr. Morris J. Karpas had been with the Institute since its inception, had become an integral part of its organization, had given his time and the best of his energy to its progress, and at once offered himself when the call came. His death in France while on duty on July 4th was due primarily to his devotion to his task. He was an indefatigable worker and was rewarded by

several promotions. His influence as chief of clinic on the Third Division still is felt and his brother physicians of the Institute as well as our entire personnel mourn him.

Miss Collins, one of the most faithful of our nurses, was ordered to duty at Camp Dix. By her cheerfulness and her devotion, she won for herself the eoniums of all. She fell a victim, in the line of duty, of the epidemic raging at that Camp.

In the bald recital of the following statistics, there is nothing to show the intensive work, the extreme co-operation, the sacrifices made by almost the entire staff that remained at home to do the necessary, the rarely recorded, the comparatively unrewarded duties incumbent upon them, in order that they might hand back, undiminished in power and usefulness, the organization entrusted to them. For the assistance, the help and support of the Trustees, the Medical Board, the Medical Staff, the Hospital Staff, I have but my poor thanks.

Respectfully submitted,

E. F. RIVINGTON, R. N.,

*Superintendent.*

#### PATIENTS ADMITTED TO THE HOSPITAL.

	1917	1918
Private—		
Male .....	393	352
Female .....	254	229
Ward—		
Male .....	978	1,200
Female .....	640	651
Free—		
Male .....	40	17
Female .....	30	19
	<hr/> 2,335	<hr/> 2,468

#### NUMBER OF PATIENT DAYS.

Private .....	4,818	4,717
Ward .....	23,470	18,110
Free .....	2,373	2,979
	<hr/> 30,661	<hr/> 25,806

#### DISPENSARY PATIENTS.

Number of new patients.....	6,614	6,398
Revisits .....		8,819
Treatments given .....	45,861	37,525

# Operating Expenses and Earnings for Three Years Each Ending November 30.

	EARNINGS			OPERATING EXPENSES			DEFICIT	
	1916	1917	1918	1916	1917	1918	1916	1917
December (1915)	\$12,486.16	\$12,205.06	\$12,744.90	\$11,828.94	\$13,401.63	\$12,798.09	\$*657.22	\$1,196.57
January	12,922.51	11,906.54	11,841.53	11,679.21	12,449.00	12,804.25	*1,243.40	542.46
February	12,952.66	11,556.07	11,236.93	12,344.81	12,956.66	12,233.99	*607.85	1,400.59
March	13,197.87	14,365.38	12,076.76	12,672.86	14,431.53	12,838.84	*525.01	66.15
April	12,580.25	11,461.81	11,906.80	12,016.69	12,621.71	12,427.16	*363.56	1,159.90
May	12,387.66	13,091.72	12,208.77	11,923.26	14,036.32	12,391.54	*464.40	944.60
June	11,557.95	13,026.36	10,392.17	12,084.05	13,135.64	11,799.46	526.10	209.28
July	10,305.16	11,753.11	9,884.27	11,389.71	13,333.19	11,884.74	1,084.55	1,580.08
August	9,559.23	10,431.09	10,004.17	10,934.49	12,547.65	11,433.46	1,375.26	2,116.56
September	9,054.44	10,772.33	10,552.13	11,960.06	12,304.51	11,874.90	2,905.62	1,532.18
October	13,467.21	12,536.46	13,077.39	14,028.21	13,600.70	13,093.72	561.00	1,064.24
November	12,961.27	11,223.98	12,498.66	13,165.52	11,866.83	13,161.59	204.25	642.85
Total	\$143,232.37	\$144,329.91	\$138,424.48	\$146,027.71	\$156,685.37	\$148,741.64	\$2,795.34	\$12,355.46
								\$10,317.16

\* Indicates Surplus.

**Comparative Cash Statement for Three Years Each Ending November 30th.**

Receipts		Disbursements.	
1916	1917	1916	1917
<b>To Gross Earnings from:</b>			
Private Patients.....	\$41,568.23	\$42,921.71	\$41,593.61
S. P. and Ward Patients.....	58,920.36	57,740.64	56,248.71
Special Nursing.....	19,723.65	18,055.13	14,565.47
Dispensary and Treatments.....	12,265.87	13,535.55	13,412.63
Miscellaneous Receipts.....	10,749.26	12,076.88	12,604.06
	\$143,232.37	\$144,329.91	\$138,424.48
Less accounts charged of above.....	2,677.77	1,755.14	1,533.05
	\$140,554.60	\$142,574.77	\$136,891.43
Cash Receipts.....	1,138.37	972.98	806.84
Advance payments from Patients.....	9,088.51	9,648.74	8,890.41
Donations as per list.....	.....	.....	4,900.00
Loan a/c.....	.....	.....	.....
	\$150,781.48	\$153,196.49	\$151,488.68
Balance at beginning of year.....	8,845.35	14,413.33	6,331.06
<b>Salaries and Wages.....</b>			
<b>Provisions and Supplies.....</b>			
<b>Rent.....</b>			
<b>Medicine and Surgical Supplies.....</b>			
<b>House Supplies.....</b>			
<b>Laundry.....</b>			
<b>Printing, Stationery and Postage.....</b>			
<b>Telephone and Telegraph.....</b>			
<b>Repairs and Supplies.....</b>			
<b>Fuel and Light.....</b>			
<b>Hospital Sundries.....</b>			
<b>Less accounts unpaid of above.....</b>			
	\$136,161.40	\$150,716.96	\$145,230.88
	4,133.14	2,994.61	4,281.99
	\$132,028.26	\$147,722.35	\$140,948.89
<b>Roof Garden Expenses.....</b>			
<b>Apparatus and Instruments.....</b>			
<b>Furniture, Fixtures and Equipment.....</b>			
<b>Social Service.....</b>			
<b>Prepaid Expenses.....</b>			
<b>Corporation Expenses.....</b>			
<b>General Miscellaneous.....</b>			
	\$143,879.10	\$158,968.90	\$150,297.35
	14,413.33	.....	.....
Balance in Fidelity Bank.....	.....	6,331.06	6,022.12
Balance in U. S. Mortgage & Trust Co. . .	.....	800.00	800.00
Cash in hands of Superintendent.....	.....	534.40	1,509.86
Balance in hands of Treasurer.....	.....	.....	700.27
	\$159,626.83	\$167,609.82	\$157,819.74



## REPORT OF SUPERVISOR OF NURSES.

---

*To the Trustees of the Neurological Institute:*

*Gentlemen:*

Owing to war conditions this has been a very difficult year in the nursing department of the Hospital, not only have all physicians who have lectured to the nurses been released for war work but all charge nurses with two exceptions and a number of post graduates. As it was impossible to get post graduate nurses we have had to do the work with a few graduates for general duty and a number of trained attendants. During the year sixteen post graduate nurses entered training, eleven graduated, four resigned and one is still in training.

We hope in the coming year to be able to reorganize our post graduate course considerably. We feel that this is a very necessary part of a nurse's training and never was it more forcibly demonstrated than during the war when so few nurses having this special training could be found for Neuro-psychiatric Base Hospitals.

We are justly proud of our nurses who went into Active Service. A number of whom were with Neuro-psychiatric Base Hospital No. 117. Three of these nurses were later taken from that Hospital and attached to Dr. Cushing's Mobile Hospital Unit for brain surgery. We also regret the loss of Miss Theresa Collins, who made the supreme sacrifice giving her life for her country.

I desire to express my appreciation to the members of the Medical Staff for their co-operation and assistance in the teaching course, and for their care of the nurses in illness—to the nurses who so faithfully worked under trying circumstances during the past year—to the graduate nurses and volunteer aids who came to our assistance in time of great need during the epidemic and did splendid work. Also to Miss Emily Sirles, R. N., who has so ably assisted us in our operating room since the Institute opened, voluntarily.

Respectfully submitted,

GERTRUDE M. DWYER, R. N.



## REPORT OF OCCUPATION DEPARTMENT.

---

Prior to June, 1918, the work of the Occupation Department was similar to that of former years. Since then, however, our activities have considerably increased.

Since June the department has been used as a training ground for Occupation Teachers. Eight young women—four of them from the War Service Classes, 680 Fifth Ave., two from the Occupation Therapy department of Teachers' College, and two volunteer workers—received their practice training here during the summer. They have since gone into Government Service as Reconstruction Aids in Occupation Therapy, and five of them have been appointed Head Aids in Military Hospitals. Arrangements are made for a larger class in December.

Where all the patients are thrown together, as they are when they are sent to the roof, for occupation, for physical exercises, or for rest in the fresh air—there is danger that those who are allowed to sit idle will ridicule those who are at work. As one patient said, "We knew that occupation is only for them that's queer in their heads." One way of overcoming this difficulty is by isolating the group of workers in a place where they are safe from the glances of their idle fellows. As we have no room which is large enough to accommodate all the patients ordered on occupations, we have solved the problem in another way—by giving some occupation to every patient who comes to the roof. It was, thanks to the assistance of the students who came here for their practice teaching, that we were able to enlarge our classes to such an extent. We have been able to reach not only all the patients who come to the roof, but every patient in the Hospital. The few for whom work was contra-indicated have had 15 or 20

minutes of diversions each day—such as games, readings, or simply a few minutes conversation. So far as possible each patient has worked 1 hour in the morning and from 1 to 2 hours in the afternoon. The average daily attendance at class on the roof since June is 25.

The occupation department has given occasional parties to the patients, to break the monotony of Hospital life. At one party given on the roof in July we played games, served refreshments, and afterward had singing and dancing.

In the carpenter shop the men have made several articles to add to our weaving equipment—a bead loom, two Swedish belt looms, and a yarn winder.

We have done the usual amount of repair work, chair-caning, etc., and printing for the Hospital.

The other crafts we have taught this year are toy making, mechanical and jointed toys—weaving, knitting, basketry, bookbinding, and box covering, wood-carving, rug making, block printing, stenciling, clay modeling, drawing, paper beads, netting—four hammocks and two face veils.

Respectfully submitted,

E. TAFT, R. N.,  
For the Occupation Department.

## REPORT OF THE DEPARTMENT OF SOCIAL RESEARCH.

*To the Trustees of the Neurological Institute of New York:*

*Gentlemen*—The work of the Department of Social Research for the year 1918 naturally falls into two groups—the routine work and that which has been peculiar to the year, the latter may be subdivided as follows:

*First:* In July a request for the mental examination of a certain group of children who were gathered together in one of the City's Public Schools for experimentation on the subject of malnutrition was made by those who were interested. Thirty-three of the children were examined under the auspices of the Institute. This number and the fact that the work was to be accomplished in a short time necessitated the examining being done at the school. The purpose of the experiment was to find a correlation between mentality and malnutrition. The results will be published by the People's Institute.

*Second:* The Department was asked to give a course to the class in Neuro-psychiatry of the United States Medical Corps. Two lectures a week, one on "Mental Deficiency and Allied Conditions" and the other on "Psychometric Tests" were given, and one afternoon a week was utilized for the practical application of the tests in one of the city schools from January to December, with a few intermissions due to changes in the classes.

*Third:* In co-operation with the Training School of Psychiatric Social Work at Smith College there have been in training, since September, four students. The work accomplished by these students in the way of investigations and social readjustments has been valuable to the Institute as well as beneficial to the patients. It is to be hoped that when the six months' period of training has been completed that other

students may be sufficiently interested to carry on the work, although it seems doubtful if equal earnestness and enthusiasm can be found.

To call the regular work of the Department routine would probably be considered peculiar because of the several upheavals that have occurred in the staff. The Acting Director, Dr. Poffenberger, was commissioned a Captain in the Psychological Divisions of the Sanitary Corps of the United States Army in January. Since the first of February therefore the Department has been running minus one essential member. Because of this it was impossible to bring out any one piece of research. However, the work has not been diminished. There were 919 patients or 9.99 per cent. of the dispensary registration referred to the Department in 1918, as compared to 923 patients or 10.39 per cent. of the dispensary registration in 1917. Of this number 702 patients or 67 per cent. of the people referred to the Department were given psychological examinations, as compared to 587 or 63 per cent. of the total number referred to the Department the previous year. One hundred and thirty-eight cases were investigated with 682 visits made in 1918, and 33 cases investigated with 71 visits made in 1917. This increase in case work and investigation was partly due to the students in training spoken of above and partly to the services of one volunteer social worker.

The great need of the Department is a small sum of money, between \$100 and \$200, to be loaned to the patients, with the understanding that it is to be repaid, to help them over the difficulties at the period of readjustment.

Respectfully submitted,

GLADYS GRIFFITH TALLMAN.

December 23, 1918.

## DONATIONS.

Financial donations are gratefully acknowledged from the following:

Mrs. William H. Bliss	Mr. Theodore Roosevelt, Jr.
Mr. Joseph L. Buttonweiser	Mr. Charles Scribner
Miss Mabel Choate	Mrs. Sydney M. Sternbach
Mr. Joseph F. Cullman	Mr. John T. Stanley
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Mr. H. K. Knapp	Mr. and Mrs. Richard H. Williams
Mr. and Mrs. Walter G. Ladd	Mr. R. Thornton Wilson
Mr. Clarence B. Mitchell	United Hospital Fund
Mr. R. P. Perkins	

The following gifts were very much appreciated and added much to the comfort and happiness of the patients:

Christmas trees, holly, cut flowers and plants, dolls, toys, and games. Cut flowers and plants at Easter, magazines and books, jellies, jams and marmalade, fruit, raisin bread, air cushion, babies' jackets and kimonos, four sphygmometers and Service Flag were contributed by:

Mrs. W. G. Ladd	Mr. Samuel Hunter
Miss Belle Brazie	Miss Elizabeth MacMillan
Dr. Chas. A. Elsberg	Mrs. Etta Smith
Mrs. Mansell Field	Mrs. Eleanor Wells
Miss Gertrude Hencken	Messrs. Wingfield and Taylor
Mr. W. Hauser	Mr. and Mrs. R. H. Williams
	Medical Staff











## Form of Bequest

I give and bequeath to the NEUROLOGICAL INSTITUTE OF YORK, a corporation created in the year 1909, under the Law of the State of New York, or to the Treasurer thereof for the use and benefit of the same, being, for its corporate purposes, the sum of..... dollars.

---

## Form of Devise of Real Estate

I give and devise to the NEUROLOGICAL INSTITUTE OF YORK, a corporation created in the year 1909, under the Law of the State of New York, for its corporate purposes, all that, (Here describe the property.)

*File copy*

**FILE COPY  
NOT TO BE TAKEN  
FROM ROOM.  
HARRISON WILLIAMS.**

**MF COLLECTION**

**TENTH ANNUAL REPORT**

**OF**

**THE NEUROLOGICAL  
INSTITUTE**

**OF**

**NEW YORK**

**FOR THE YEAR ENDED  
NOVEMBER 30, 1919**

**NEW YORK CITY  
149-151 EAST 67TH STREET**













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**THE NEUROLOGICAL INSTITUTE  
OF NEW YORK**

For the Study and Treatment of Nervous and  
Mental Diseases

Incorporated 1909



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For the Year Ending November 30, 1920.

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*Vice-President.*

SHERMAN DAY,  
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The PRESIDENT, *ex officio.*

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For the Year Ending November 30, 1920.

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**Gynecologists.**

J. CLIFTON EDGAR, M.D.                      JAMES W. MARKOE, M.D.

**Dermatologist.**

JOHN A. FORDYCE, M.D.

**Orthopedic Surgeon.**

VIRGIL P. GIBNEY, M.D.

**Laryngologist.**

WILLIAM LEDLIE CULBERT, M.D.

**Otologist.**

EDWARD BRADFORD DENCH, M.D.

**Ophthalmologist.**

WARD A. HOLDEN, M.D.

**Associate Ophthalmologist.**

WALTER B. WEIDLER, M.D.

**Enterologist.**

JEROME MORLEY LYNCH, M.D.

For the Year Ending November 30, 1920.

### MEDICAL DEPARTMENT.

#### *Attending Physicians.*

FOSTER KENNEDY, M.D.  
FREDERICK TILNEY, M.D.  
WALTER TIMME, M.D.  
EDWIN G. ZABRISKIE, M.D.

#### *Associate Physicians.*

RUSSELL G. MacROBERT, M.D.  
JUNIOUS W. STEPHENSON, M.D.  
CHARLES A. McKENDREE, M.D.  
HENRY A. RILEY, M.D.  
FLORIZEL de L. MYERS, M.D.  
IRVING H. PARDEE, M.D.  
C. B. CRAIG, M.D.  
JAMES L. JOUGHIN, M.D.

#### *Assistant Physicians.*

HENRY K. MARKS, M.D.      GEORGE J. WRIGHT, M.D.\*

### SURGICAL DEPARTMENT.

#### *Attending Surgeon.*

CHARLES A. ELSBERG, M.D.

#### *Associate Surgeons.*

JAMES H. KENYON, M.D.  
HAROLD NEUHOF, M.D.

#### *Visiting Surgeon.*

ALFRED S. TAYLOR, M.D.

#### *Assistant Surgeon.*

BYRON STOOKEY, M.D.

### LABORATORIES.

#### Clinical and Research.

##### *Director.*

O. S. HILLMAN, M.D.

##### *Assistants.*

RUTH SHIVITZ  
RUTH WALTHER

#### Histological and Neurological.

##### *Director.*

JAMES B. GERE, M.D.

##### *Roentgenographer.*

PERCY C. ASHLEY.

### DENTIST.

WILLARD B. FORCE, D.D.S.

### HOUSE STAFF.

#### *Senior Resident Physician.*

LAURENT G. FEINIER, M.D.

#### *First Junior Resident Physician.*

C. LESTER WOOD, M.D.

#### *Second Junior Resident Physician.*

PATRICK M. CARROLL, M.D.

#### *Third Junior Resident Physician.*

L. BEVERLY CHANEY, M.D.

\*Resigned January, 1920.

For the Year Ending November 30, 1920.

## DEPARTMENT OF NEURO-ENDOCRINOLOGY.

### *Director.*

WALTER TIMME, M.D.

### *Chief of Clinic.*

IRVING H. PARDEE, M.D.

### *Assistants.*

C. B. CRAIG, M.D.

HENDERSON B. DEADY, M.D.

THOMAS K. DAVIS, M.D.

JAMES B. GERE, M.D.

EDITH R. SPAULDING, M.D.

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## OUT-PATIENT DEPARTMENT.

### *Chiefs of Clinic.*

ROYAL G. CANNADAY, M.D.

C. B. CRAIG, M.D.

ROBERT E. POU, M.D.

### *Clinical Assistants.*

SAMUEL T. ARMSTRONG, M.D.

F. C. GRAY, M.D.

MERRITT W. BARNUM, M.D.

LEIZER GRIMBERG, M.D.

S. BROCK, M.D.

J. H. HUDDLESON, M.D.

SANGER BROWN, Jr., M.D.

WALTER M. KRAUS, M.D.

HERBERT C. CHASE, M.D.

HENRY W. MILLER, M.D.

C. J. D'ALTON, M.D.

SANTE NACCARATI, M.D.

T. K. DAVIS, M.D.

HYMAN OSSERMAN, M.D.

HENDERSON B. DEADY, M.D.

IRVING H. PARDEE, M.D.

CARLTON Y. FORD, M.D.

E. SKVERSKY, M.D.

MORRIS H. FRANTZ, M.D.

ALEX. H. WILLIAMSON, M.D.

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## HEADS OF THERAPEUTIC DEPARTMENTS.

### **Hydrotherapy.**

ELIZABETH WILLIAMS SCOTT, R.N.

JOHN HOMMEL

### **Massage and Mechanotherapy.**

CHARLES NELSON

ELIZABETH LARSEN

JESSIE ALLEN

BETSY ANDERSON

SVEA SVEDEBORG

KARIN ANDERSON

J. E. DESSLE

ERNEST GUNTHER

### **Gymnastics.**

ANDREW PATRICKSON

**For the Year Ending November 30, 1920.**

**Superintendent.**

ESTHER F. RIVINGTON, R.N.

**Supervisor of Nurses.**

GERTRUDE M. DWYER, R.N.

**Cashier.**

EDWARD A. POWERS

**Registrar.**

ALFRED ROBINSON

**Night Supervisor.**

MADOLIN A. DUNN, R.N.

**Dispensary Supervisor.**

ANNIE T. MOONEY

**Private Floors.**

SARAH DANNECKER, R.N.

**Women's Wards.**

PHOEBE L. PARSONS, R.N.

**Men's Wards.**

MARY DOBECK, R.N.

**Occupation Department.**

LAURA B. LA FORCE, R.N.

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**DEPARTMENT OF SOCIAL RESEARCH.**

**Director.**

GLADYS G. TALLMAN, M.A.

**Assistant Psychologist.**

ALICE E. PAULSEN, M.A.

**Social Investigator.**

LULA H. RAINEY.



The Following Reports and Statistics are for the Year  
Ended November 30, 1919.

REPORT OF THE EXECUTIVE COMMITTEE TO THE  
TRUSTEES OF THE NEUROLOGICAL INSTITUTE  
OF NEW YORK.

*Gentlemen:*

Since our last annual report the Institute has passed successfully through a critical period. We now feel that it is established on a stable and permanent basis, and that we may look forward confidently to a larger future of ever increasing service and usefulness to the public, both in its direct ministrations to the people of this City and in the fields of neurological research and education.

The owner of the property which the Institute has occupied from the beginning under successive leases served notice that he would decline to grant a further renewal of the lease expiring April 1, 1920, and that he desired to sell the property. Confronted by this emergency which threatened annihilation of the Institute, a vigorous campaign was inaugurated to raise the sum of \$230,000 for the purpose of buying the property and providing funds for repairs, alterations and additions necessary to make it more nearly adequate to the great and growing demands upon its facilities. By the combined efforts of members of your Board and of the Medical Board, and of other friends of the Institute, approximately \$100,000 was raised, the property was purchased and the title now stands in the name of the Neurological Institute of New York. Tentative plans have been prepared for alterations and additions to the building, and the work of raising further funds necessary to carry out the complete program is still in progress.

The Medical Board has been reconstituted. Dr. Joseph

Collins, Dr. Frederick Peterson and Dr. Pearce Bailey have retired and become consultants to the Institute, and have been succeeded on the Medical Board by their associates and assistants Dr. Edwin G. Zabriskie, Dr. R. Foster Kennedy and Dr. Walter Timme. Dr. Charles A. Elsberg continues a member, and Dr. Frederick Tilney, Professor of Neurology at Columbia University, has been appointed to the Board.

We feel that at this time when Dr. Collins, Dr. Peterson and Dr. Bailey are retiring from the active direction of the medical affairs of the Institute we should here record that it is to their initiative and to their loyal and devoted service that the Neurological Institute owes its origin and its growth and development in the ten years of its life.

In the past year a still larger and ever growing work has been successfully carried on in all the departments of the Institute, notwithstanding the inadequacy of its facilities and equipment. We earnestly hope that in the coming year by the continued and united efforts of the friends of the Institute the necessary funds may be raised for the complete execution of the plans which have been made, and that thus its facilities and equipment may be very largely increased.

Respectfully submitted,

ROBERT THORNE,  
For the Executive Committee.

## REPORT OF THE MEDICAL BOARD.

December 2nd, 1919.

*To the Trustees of the Neurological Institute, New York City:*  
*Gentlemen:*

On behalf of the Medical Board I beg to submit herewith its Tenth Annual Report for the year ending November 30th, 1919.

During the entire year the Hospital and Out-patient Departments have been full to overflowing, with large waiting lists for both ward and private accommodations, and it has been increasingly difficult in both Hospital and Out-patient Departments to care for the sick who are applying for relief, both from our City and from all parts of the country.

A Committee of the Medical Staff of the Institute, under the Chairmanship of Dr. Zabriskie, has carefully investigated our entire organization, and has made a report upon the inadequacy of our present plant and upon the essential requirements for a new hospital. The report of the Committee, after a summary of what the Neurological Institute has accomplished in the past ten years, clearly points out the defects of our present organization and building and the needs for the future. The report was presented at a special meeting of the Medical Board and was adopted in toto and ordered transmitted to the Board of Trustees with unanimous approval of its contents.

The requests for post-graduate instruction have been so frequent that we have organized regular courses and we have, as a result, a number of students continually at the Institute.

As there is no field of medical science in which preventive medicine should be of greater importance than in that of diseases of the nervous system, the Medical Board, upon the suggestion of Dr. Dana, has organized for the intensive study of preventive medicine as applied to neurology. The work has been begun by the formation of a Committee on Multiple Sclerosis which is making a searching investigation of the causes of this disease. Some of the problems which are to be taken up are:

An inquiry into the prevention of the psychoneuroses by

the early recognition and correction of physical disease and its effects; the prevention of paresis and of locomotor ataxia; the essential nature and prevention of epilepsy; the relationship of injury to organic disease, and especially to tumors of the central nervous system. It is hoped that within a few years the study of these problems will result in important contributions to our knowledge of the causation and prevention of these diseases.

A Department of Neuro-Endocrinology has been organized under the direction of Dr. Timme, and this Department has already attracted no little attention from the community.

Since the last Annual Report was written, one of our House Officers, Dr. E. L. Rochfort, died of influenza-pneumonia in our Hospital. He was an able and conscientious physician and had a fine future before him.

The Laboratory position which was vacant last year has been filled by the appointment of Dr. O. S. Hillman, and the Laboratory work is being performed with a high grade of efficiency.

There has been during the past year an admirable cooperation between all divisions of the Hospital and Dispensary, and the unselfish and enthusiastic group work has made possible the large amount of work that has been done. The close connection between the Hospital and the Out-patient Departments by which patients, the nature of whose disease is difficult of recognition and treatment, are at once seen by members of the Hospital Staff in consultation with the physicians in the Dispensary is, we believe, an admirable part of our organization. In many of the hospitals of this City and country, such a close connection—always desirable and advisable—has not yet been accomplished.

The spirit of working together which permeates our whole Institution is due, to no small degree, to the efforts of our Superintendent, Miss Rivington, and of the Supervisor of Nurses, Miss Dwyer. The Medical Board appreciates also that every medical officer of the Hospital and Out-Patient Departments is doing his very best for our patients and our Institution, and that the spirit which pervades the Hospital would be impossible without the earnest interest and efforts of the Board of Trustees which have meant so much not only

to the Hospital but also to the needy and suffering of our community. All this, we believe, augurs well for the future.

I cannot refrain, in conclusion, from quoting to you from the first report of the Executive Physician of the Hospital and from the report of Mr. Townsend, the Chairman of the Executive Committee of the Board of Trustees for the first year of the Hospital's existence. The statements made in 1910 by these gentlemen have been shown to be absolutely correct by our ten years' experience. Dr. Collins then stated: "The vital element of our work is educational. Those who are sick may profit from the Institute's existence now, but the great profit that shall come to all mankind throughout the country, will come through the ministration and example of those who are taught here in special fields."

Equally prophetic and true were the statements of Mr. Townsend: "The work of the Hospital is being watched by other cities. . . . It is only a question of time as to when many of the largest cities throughout the country will follow its example. The need of such a hospital has been so definitely established that the present enterprise cannot fail." And the Medical Board of 1919 would add that the benefits for suffering humanity from intensified study and research in the diseases of the nervous system are so certain, the needs of the community are so great, and the accommodations of our present Institution are so inadequate, that it is the solemn duty of all who have blazed the trail—trustees and medical men alike—to make every effort to obtain from those of our community who can give, adequate money for a new Institution. The appeal should be irresistible on its merits. The time for such an appeal is the present.

Respectfully submitted,

CHARLES A. ELSBERG,  
*Secretary of the Medical Board.*



## SUPPLEMENTARY REPORT OF THE MEDICAL BOARD

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March 1st, 1920.

*To the Board of Trustees of the Neurological Institute:*

*Gentlemen:*

Since the last annual report of the Medical Board was presented, the purchase of the present building by the Board of Trustees has made plans for the rebuilding and reorganization of the Hospital possible. A short statement of the changes in the medical organization that have occurred, and a brief account of what the Medical Board hopes to accomplish, may therefore be timely.

In the beginning of this year, Dr. Pearce Bailey, Dr. Joseph Collins, and Dr. Frederick Peterson resigned as Attending Physicians and they were elected Consulting Physicians to the Neurological Institute. The Medical Board desires to express its profound acknowledgment to them for the great work they have performed for the Institute during the first ten years of its existence, and its deep satisfaction that we shall continue to benefit from their advice and counsel. They have blazed the trail which we can more easily follow; due in no small degree to their pioneer efforts, the future of the Hospital seems very bright.

In the beginning of this year Dr. Frederick Tilney was elected Attending Physician and a member of the Medical Board.

There are no longer "divisions" of the Hospital. To each Attending Physician is allotted a number of beds which are under his care and that of two Associate Physicians.

The resident staff are to serve the entire Hospital; the staff is to be a rotating one, consisting of a Senior Resident and First, Second and Third Junior Residents. Each Resi-

dent Physician will thus receive training in every department and service of the Hospital,—an arrangement which will, we believe, be of increased benefit both to our patients and to the resident physicians.

Dr. George J. Wright, who served the Institute very faithfully and efficiently for three years as Assistant Physician, has resigned in order to accept an appointment in Pittsburgh. We desire to record our appreciation of the service performed for the Institute by Dr. Wright, and to wish him success in his new endeavors.

Committees of the Medical Board have thoroughly investigated every phase and every part of our medical organization, and the Board is making a concerted effort to perfect a medical organization which shall reach the highest possible state of efficiency, one that shall give the maximum amount of service to the sick under our care, and not only thoroughly train young men and post-graduate students in neurology, but one that will develop in the medical and surgical staff a scientific spirit, and an enthusiasm for the clinical and research work which the Neurological Institute must perform.

We now have uniform records for the entire Hospital, and have introduced a system for the writing and filing of the medical and surgical records, which should make them more complete and of greater value. By the comparison of data regarding preliminary and final diagnoses, we shall be able to gain ideas as to the value of tentative diagnostic efforts, and, from the narrow viewpoint of diagnosis, of the relative importance of prolonged clinical and laboratory studies.

The Laboratories are to be so organized that both routine and research work can be done, and that there shall be sufficient space for a limited number of research workers in all departments.

Dr. Pearce Bailey is about to organize a "Diagnostic Clinic for Adolescents," in which young people of both sexes who

are unsuccessful in or out of accord with their environment, shall be carefully studied. Through correct advice and treatment, the lives of these adolescents can be guided into proper channels. We believe that this diagnostic clinic will fill a very great need in our community.

The Medical Staff is also preparing plans for the careful investigation of a number of diseases of the nervous system from the standpoint of prevention and treatment. Multiple sclerosis has been selected as the first disease for collective study.

Finally, the Medical Board desires to assure the Board of Trustees of our earnest efforts in the direction of progress and development, and to express our conviction that the broad minded and far seeing plans of the Board of Trustees will receive adequate financial support from our community and will meet with deserved success—a success which we believe will be a cause for just pride to all—trustees and medical men alike.

Respectfully submitted,

CHARLES A. ELSBERG,  
*Secretary of the Medical Board.*

## HOSPITAL STATISTICS

## Cases Treated in the Hospital.

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Bone, joint and muscle diseases.....	19	23	42
Brain diseases .....	33	22	55
Brain tumor .....	25	21	46
Cardio-vascular .....	30	24	54
Constitutional inferiority .....	24	8	32
Chorea .....	7	28	35
Cranial nerves .....	12	12	24
Dementia praecox .....	13	14	27
Ductless glands .....	11	27	38
Epilepsy .....	44	36	80
General paresis .....	143	33	176
Headache .....	2	4	6
Hemiplegia .....	50	17	67
Hysteria .....	15	35	50
Intoxications .....	28	10	38
Lues .....	82	34	116
Manic depressive insanity .....	19	33	52
Medical diseases .....	17	19	36
Muscular atrophies, dystrophies and myasthenias...	8	18	26
Neurasthenia .....	23	22	45
Occupational disorders .....	3	0	3
Paralysis agitans .....	16	3	19
Paranoic states .....	4	0	4
Peripheral nerves .....	53	33	86
Poliomyelitis .....	0	0	0
Psychoneuroses .....	51	74	125
Psychoses .....	11	10	21
Spinal cord diseases .....	43	44	87
Spinal cord tumor .....	5	6	11
Surgical diseases .....	22	12	34
Syphilis of the central nervous system.....	341	116	457
Tabes dorsalis .....	230	87	317
Unclassified .....	61	42	103
	<hr/> 1,445	<hr/> 867	<hr/> 2,312

## Hospital Patients Classified According to Nationality.

	<i>Male</i>	<i>Female</i>
Armenia .....	2	0
Austria .....	68	44
Australia .....	1	1
Bavaria .....	1	1
Bohemia .....	2	2
Canada .....	21	12
Cuba .....	0	2
Denmark .....	2	1
England .....	18	28
France .....	10	1
Germany .....	68	42
Greece .....	9	0
Holland .....	2	0
Hungary .....	34	22
Ireland .....	61	32
Italy. ....	105	58
Mexico .....	1	1
Norway .....	4	1
New Zealand .....	0	1
Poland .....	14	22
Roumania .....	8	14
Russia .....	306	177
Scotland .....	6	7
South America .....	7	1
Spain .....	3	1
Sweden .....	12	7
Switzerland .....	4	3
Syria .....	1	4
Turkey .....	4	0
United States .....	762	382
Wales .....	3	0
West Indies .....	6	0



## Operations Performed in the Surgical Department.

From December 1st, 1918, to November 30th, 1919.

	<i>No.</i>	<i>Deaths</i>
Total number of operations.....	91	3
Total number of operations on the nervous system.....	75	
Total number of operations on the brain.....	33	
Total number of operations on the spinal cord.....	16	
Total number of operations on the peripheral nerves.....	26	
Miscellaneous operations .....	16	
Operations on the brain.....	33	2*
Craniotomy, removal of frontal tumor.....	1	
Craniotomy, exploratory, irremovable tumor.....	8	
Craniotomy, exploratory, angioma of cortex.....	1	
Craniotomy, exploratory, Jacksonian epilepsy.....	4	
Craniotomy, exploratory, encephalitis .....	1	
Craniotomy, decompressive, unlocalized tumor.....	4	
Craniotomy, decompressive puncture of corpus callosum	1	
Craniotomy, puncture of corpus callosum.....	2	
Craniotomy, ventricular puncture .....	2	
Craniotomy, division of sensory root of trigeminus for		
neuralgia .....	3	
Craniotomy, division of supramaxillary and inframaxil-		
lary branches of trigeminus for neuralgia.....	2	
Craniotomy, suboccipital, removal of tumor in cerebello-		
pontine angle .....	2	
Craniotomy, suboccipital, decompressive .....	2	
Operations on the spinal cord and nerve roots.....	16	
Laminectomy, removal of extramedullary tumor.....	3	
Laminectomy, decompressive, irremovable intramedul-		
lary tumor .....	3	
Laminectomy, division of posterior roots.....	3	
Laminectomy, old fracture of spine.....	4	
Laminectomy, exploratory .....	3	
Operations on the peripheral nerves.....	26	1*
Neurorrhaphy, rupture of cords of brachial plexus....	5	
Neurorrhaphy, plantar nerves .....	1	
Neurorrhaphy, ulnar nerve .....	2	
Excision, sarcoma of anterior tibial.....	1	
Excision, sarcoma of left ulnar.....	1	

	<i>No.</i>	<i>Deaths</i>
Avulsion, first and second branches of trigeminus....	4	
Avulsion, mental nerve .....	1	
Anastomosis of facial and hypoglossal nerves.....	1	
Alcohol injections .....	10	
Miscellaneous operations .....	16	
Appendectomy .....	6	
Removal of cervical rib.....	1	
Excision, lipoma .....	2	
Excision, tumor of back.....	2	
Excision, tumor of buttock.....	1	
Ligation of thyroid vessels.....	1	
Clamp and cautery for hemorrhoids.....	1	
Incision of hematoma of scalp.....	2	

\*Causes of death.

1. 14 hours after exploratory craniotomy for frontal tumor, in shock.
2. 12 hours after exploratory craniotomy for angioma of cortex, in an infant.
3. After neurorraphy for rupture of brachial plexus from hemorrhage.

## **DISPENSARY STATISTICS**

## Cases Treated.

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Aphasia .....	2	1	3
Bone, joint and muscle diseases.....	466	405	871
Brain diseases, miscellaneous.....	114	72	186
Hydrocephalus.			
Encephalitis.			
Cerebral arteriosclerosis.			
Developmental defects.			
Brain tumor .....	13	5	18
Cardio-vascular system .....	111	118	229
Heart diseases.			
Arteriosclerosis.			
Angio-neurotic group.			
Constitutional inferiority .....	273	181	454
Psychopathy.			
Backward children.			
Imbeciles and idiots.			
Stutterers and stammerers.			
Chorea .....	104	118	222
Cranial nerves .....	78	84	162
Fifth and seventh.			
Dementia praecox .....	43	38	81
Ductless gland diseases .....	41	193	234
Thyroid.			
Pituitary.			
Adrenals.			
Ovaries.			
Eye diseases .....	20	22	42
Ear diseases .....	10	15	25
Epilepsies .....	141	112	253
General paresis .....	25	5	30
Headache .....	33	76	109
Hemiplegia .....	46	14	60
Hysteria .....	21	86	107
Insomnia .....	4	3	7
Intoxication .....	86	132	218
Auto-intoxication.			
Lead.			
Drugs.			
Alcoholism.			

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Medical diseases .....	218	327	545
Meningitis (non-syphilitic) .....	1	1	2
Muscular atrophies, dystrophies and myasthenias .....	7	3	10
Multiple sclerosis .....	7	4	11
Neurasthenia .....	132	157	289
Occupation disorders .....	30	17	47
Paralysis agitans .....	19	18	37
Paranoic states .....	3	0	3
Peripheral nerves .....	244	205	449
Brachial plexus distribution.			
Lumbar plexus distribution, sciatica, etc.			
Multiple neuritis.			
Poliomyelitis .....	7	9	16
Psychoneurosis .....	468	681	1,149
Undifferentiated.			
Anxiety neurosis.			
Compulsion neurosis.			
Post operative neurosis.			
Menopause neurosis.			
Tics.			
Psychasthenia.			
Traumatic neurosis.			
Psychoses .....	61	115	176
Simple depression.			
Involution melancholia.			
Senile psychosis.			
Infective-exhaustive-toxic psychosis.			
Manic depressive insanity .....	11	23	34
Spinal cord diseases, miscellaneous .....	39	19	58
Meningo-myelitis.			
Myelitis.			
Combined sclerosis.			
Lateral sclerosis.			
Syringomyelia.			
Friedreich's disease.			
Spinal cord tumor .....	5	1	6
Surgical diseases .....	37	50	87
Syphilis of the central nervous system.....	117	50	167
Tabes dorsalis .....	59	12	71
Unclassified .....	97	91	188
Vertigo .....	6	2	8
Normal child .....	19	9	28

### Dispensary Patients Classified as to Nationality.

Arabia .....	1	Malta .....	2
Armenia .....	3	Norway .....	5
Australia .....	505	Poland .....	98
Austria .....	501	Porta Rica .....	3
Belgium .....	2	Portugal .....	1
Bohemia .....	21	Persia .....	1
Brazil .....	1	Roumania .....	128
Canada .....	14	Russia .....	1,918
Denmark .....	11	Servia .....	1
Egypt .....	1	Scotland .....	20
England .....	83	South America .....	2
Finland .....	5	Spain .....	5
France .....	15	Sweden .....	30
Germany .....	161	Switzerland .....	4
Greece .....	27	Syria .....	9
Holland .....	6	Turkey .....	14
Hungary .....	154	United States .....	2,609
Ireland .....	190	Wales .....	1
Italy .....	472	West Indies .....	10



**Number of Patients Admitted to Dispensary According to Services.**

1919	1ST DIVISION			2ND DIVISION			3RD DIVISION		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
December.....	101	102	203	58	76	134	102	85	187
January.....	59	94	153	53	65	118	85	106	191
February.....	69	66	135	45	40	85	98	88	186
March.....	91	107	198	72	82	154	63	103	166
April.....	94	110	204	104	93	197	97	99	196
May.....	120	117	237	74	103	177	99	100	199
June.....	100	119	219	80	93	173	71	92	163
July.....	98	123	221	88	77	165	79	98	177
August.....	95	109	204	98	106	204	88	108	196
September.....	101	95	196	85	87	172	103	107	210
October.....	94	97	191	97	99	196	89	109	198
November.....	68	88	156	103	114	217	65	91	156
			2317			1992			2225
			Total 6534						

### Total Treatments Given in Hospital and Dispensary.

1919	Hydrotherapy	Electro-therapy	Mechano-therapy	Massage	Baking
December.....	790	1,091	51	297	407
January.....	1,102	1,034	25	357	346
February.....	1,144	826	57	533	385
March.....	1,224	1,004	49	476	436
April.....	1,372	1,043	60	593	421
May.....	1,583	1,085	48	529	492
June.....	1,320	939	54	694	382
July.....	1,264	1,024	90	521	321
August.....	1,625	825	83	303	344
September.....	1,443	969	91	552	464
October.....	496	1,107	83	519	124
November.....	1,592	1,077	70	639	402
Total.....	14,955	12,024	761	6,013	4,524
		Total treatments, 38,277			

## SUPERINTENDENT'S REPORT.

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*To the Trustees of the Neurological Institute of New York:  
Gentlemen:*

With the review of the past year varying emotions arise, but one of thankfulness that it is over seems uppermost.

It has been an unmixed joy to proudly welcome the many members of our Staff upon their return from Service and to have them resume their former work with a new zest and outlook.

The reconstruction period has been wearing and difficult but the dawn of a new era has come which will realize in a greater measure the ideals and aspirations of the founders of this organization.

One of the saddest experiences in the history of the Institute occurred when Dr. Edward L. Rochfort died of pneumonia January 26th, 1919. His winning personality and cheerful service had endeared him to all; his place is empty but a bright and beautiful memory of him will remain.

With grateful appreciation for the unfailing support and interest of the Board of Trustees, the assistance and loyalty of the Medical Board and Staff, and the help and co-operation of the Hospital Staff.

Respectfully submitted,

E. F. RIVINGTON, R.N.,  
Superintendent.

# PATIENTS ADMITTED TO THE HOSPITAL.

	1918	1919
Private—		
Male .....	352	305
Female .....	229	250
Ward and semi-private—		
Male .....	1,200	1,088
Female .....	651	578
Free—		
Male .....	17	52
Female .....	19	39
	<hr/>	<hr/>
	2,468	2,312

## NUMBER OF PATIENT DAYS.

Private .....	4,717	4,900
Ward and semi-private.....	18,110	19,073
Free .....	2,979	3,708
	<hr/>	<hr/>
	25,806	27,681

## DISPENSARY PATIENTS.

Number of new patients .....	6,398	6,534
Revisits .....	8,819	9,315
Treatments given .....	37,525	38,277

# **Operating Expenses and Earnings for Three Years Each Ending November, 30**

	EARNINGS			OPERATING EXPENSES			DEFICIT		
	1917	1918	1919	1917	1918	1919	1917	1918	1919
December (1916)	\$12,205.06	\$12,744.90	\$13,399.16	\$13,401.63	\$12,798.09	\$14,468.11	\$1,196.57	\$53.19	\$1,068.95
January.....	11,906.54	11,841.53	13,242.40	12,449.00	12,804.25	14,408.09	542.46	962.72	1,165.69
February.....	11,556.07	11,236.93	12,351.41	12,956.66	12,233.99	13,854.48	1,400.59	997.06	1,503.07
March.....	14,365.38	12,076.76	15,689.99	14,431.53	12,838.84	15,177.56	66.15	762.08	*512.43
April.....	11,461.81	11,906.80	14,583.75	12,621.71	12,427.16	14,755.33	1,159.90	520.36	171.58
May.....	13,091.72	12,208.77	17,250.60	14,036.32	12,391.44	17,110.92	944.60	182.67	*139.68
June.....	13,026.36	10,392.17	14,649.29	13,135.64	11,799.46	15,189.08	109.28	1,407.29	539.79
July.....	11,753.11	9,884.27	13,019.59	13,333.19	11,884.74	15,163.94	1,580.08	2,000.47	2,144.35
August.....	10,431.09	10,004.17	11,822.67	12,547.65	11,433.46	14,266.62	2,116.56	1,429.29	2,443.95
September.....	10,772.33	10,552.13	12,654.91	12,304.51	11,874.90	15,076.99	1,532.18	1,322.77	2,422.08
October.....	12,536.46	13,077.39	16,807.42	13,600.70	13,093.72	16,565.10	1,064.24	16.33	*242.32
November.....	11,223.98	12,498.66	16,807.56	11,866.83	13,161.59	16,802.90	642.85	662.93	*4.66
Total.....	\$144,329.91	\$138,424.48	\$172,278.75	\$156,685.37	\$148,741.64	\$182,839.12	\$12,355.46	\$10,317.16	\$10,560.37

\* Indicates Surplus.

Comparative Cash Statement for Three Years Each Ending November 30th.

Receipts		Disbursements	
1917	1918	1917	1918
To Gross Earnings from:			
Private Patients.....	\$42,921.71	\$41,593.61	\$45,716.97
S. P. and Ward Patients.....	57,740.64	59,248.71	67,125.09
Special Nursing.....	18,055.13	14,565.47	25,468.57
Dispensary and Treatments.....	13,535.55	13,412.63	17,362.65
Miscellaneous Receipts.....	12,076.88	12,604.06	16,610.35
	\$144,329.91	\$138,424.48	\$172,283.63
Less accounts charged of above.....	1,755.14	1,533.05	2,930.92
	\$142,574.77	\$136,891.43	\$169,352.71
Cash Receipts.....	972.98	806.84	192.96
Advance Payments from Patients.....	9,648.74	8,890.41	19,015.91
Donations as per list.....	.....	4,900.00	5,000.00
Loan acc.....	.....	.....	.....
	\$153,196.49	\$151,488.68	\$193,561.58
Balance at beginning of year.....	14,413.33	6,331.06	6,022.12
Salaries and Wages.....	\$64,602.50	\$65,583.30	\$85,363.18
Provisions and Supplies.....	35,221.84	35,570.31	42,733.79
Rent.....	17,626.00	17,504.00	18,824.00
Medical and Surgical Supplies.....	7,992.22	6,177.33	5,447.45
House Supplies.....	981.78	605.90	1,391.22
Laundry.....	7,811.24	7,056.11	8,282.83
Printing, Stationery and Postage.....	1,827.34	1,638.45	1,632.00
Telephone and Telegraph.....	1,430.29	1,421.96	1,353.64
Repairs and Supplies.....	2,382.43	1,378.40	2,239.94
Fuel and Light.....	7,174.63	6,252.73	8,948.59
Hospital Sundries.....	3,666.69	2,122.39	3,967.52
	\$150,716.96	\$145,230.88	\$180,184.16
Less accounts unpaid of above.....	2,994.61	4,281.99	2,591.38
	\$147,722.35	\$140,948.89	\$177,592.78
Roof Garden Expenses.....	1,466.95	1,629.45	1,539.90
Apparatus and Instruments.....	1,232.39	605.52	893.27
Furniture, Fixtures and Equipment.....	3,249.89	1,798.36	3,430.05
Social Service.....	4,547.97	3,617.04	4,227.50
Prepaid Expenses.....	749.35	1,698.09	1,444.58
Corporation Expenses.....	.....	.....	.....
General Miscellaneous.....	.....	.....	.....
	\$158,968.90	\$150,297.35	\$189,128.08
Balance in U. S. Mortgage Trust Co.....	6,331.06	6,022.12	7,001.21
Cash in hands of Superintendent.....	800.00	800.00	800.00
Balance in hands of Treasurer.....	1,509.86	700.27	2,054.41
	\$167,609.82	\$157,819.74	\$199,583.70



## REPORT OF SUPERVISOR OF NURSES.

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*To the Trustees of the Neurological Institute:*

*Gentlemen:*

The year 1919 has been rather an uneventful one in the nursing department. We have had a smaller number of nurses taking post-graduate work than heretofore, owing to existing war and reconstruction work. The demand for nurses having this special training is increasing yearly. General training does not seem to prepare the nurse for this particular work of caring for the functional, border line mental, and neuro-surgical nursing. Our course at present covers the following:

Lectures on psychology and mental testing.

Lectures on anatomy and physiology of brain and spinal cord.

Lectures on syphilis—1st and 2nd stages.

Lectures on syphilis of central nervous system.

Lectures on nursing in brain diseases.

Lectures on treatment of fits.

Lectures on significance of laboratory tests.

Lectures on neuro-endocrinology.

Lectures on neurasthenia, psychasthenia and hysteria.

Lectures on illusions, delusions and hallucinations.

Lectures on pathological conditions of spinal cord.

Lectures on tabes and multiple sclerosis, symptoms, cause and treatment.

Lectures on care of mentally disordered dementias and depressions.

Lectures on nursing in alcohol and drug cases.

Lectures on surgical nursing, care of brain and spinal cord cases.

Class and demonstration work in:

Mechanotherapy and massage.

Hydrotherapy.

Occupational therapy.

During the year five nurses graduated, two resigned, six are still in training.

Since October 1st we have had eight-hour duty for our day nurses and find that it works out very satisfactorily. Our night nurses (who are paid graduates only) are having one night off duty each week.

I desire to express my appreciation to the members of the Medical Staff for their co-operation and assistance in the teaching course and for their care of the nurses in illness.

Respectfully submitted,

GERTRUDE M. DWYER, *R.N.*,

*Supervisor of Nurses.*

## REPORT OF OCCUPATION DEPARTMENT.

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The work of the Occupational Department for the year ending November 30, 1919, has been very satisfactory, and has been continued in much the same manner as former years, except the output has been greater, and more work has been accomplished.

The average daily attendance has been from 15 to 25 patients. Among the occupations carried on, such as basketry, printing, typewriting, chair-caning, weaving, bead making, wood carving, hammock weaving, clay modeling and painting, basketry has been the most popular, creating the greatest interest. I have known patients on entering the Occupational Department, devoid of all desire of work, until by some suggestion or observation they would start to make a basket, and very soon the process of "warming up" becomes particularly striking and the real phenomenon of interest ensues. Such patients have been known to work for two or three hours at a time, and at the end of that period the fatigue gradually or suddenly passes away and the patient is less tired than before commencing to work.

A very popular asset to the department was the gift of a Victrola which has helped to make the work period pass more pleasantly.

It is hoped that we will soon have a larger and better equipped Occupational Department and ample space whereby the patients not ordered for occupation can be separated from those who are at work.

Respectfully submitted,

LAURA B. LA FORCE, R. N.,  
For the Occupational Department.

## REPORT OF THE DEPARTMENT OF SOCIAL RESEARCH.

*To the Trustees of the Neurological Institute of New York:  
Gentlemen:*

The year 1919 has been a most profitable period for this Department. A total number of 1,258 patients was referred during the year. Although this number is 339 units larger than in the previous year it does not represent the number of cases on which work—social or psychological—was done, because it does not include cases previously registered in the Department who have been referred again either for social help or further study. It is rare that a record is mentally marked “case closed” for an extended period unless it is that the case is already under the care of some social organization. The very nature of the cases, in that they are human problems, necessitates much watching and renewed experimentation until a solution is reached. This is especially true of readjustments in the maladjusted or defective children.

Of this 1,258—879 were referred directly from the Clinic. This represents 13.45 per cent. of the total clinic registration and is the largest percentage ever referred to the Department. There were 111 first investigations made with a resulting total of 525 visits. This is a decrease from last year—138 cases with 682 visits made in 1918—but represents more intensive work in that there has been no systematized outside help as there was then with the psychiatric social work students.

Throughout the year the psychological work has consisted in intelligence tests of the Terman Revision of the Binet-Simon and the Pintner & Patterson group. Other tests of the association group suggested by Woodworth and Wells have also been used. Supplementary to these there have been

many attempts at personality studies. As this work is still in the experimental stage the work itself as well as the interpretation of the results has been essentially crude. Psychological work was done on a total number of 998 cases. There has been a steady increase in the number of cases tested each year but this represents the largest.

<i>Year</i>	<i>No. Cases</i>	<i>Year</i>	<i>No. Cases</i>
1915 .....	304	1917 .....	587
1916 .....	378	1918 .....	702
		1919 .....	998

Opportunity arose for the Department to undertake two problems for research. The first was in co-operation with the Polish Grey Samaritan School under the direction of the Young Women's Christian Association. It consisted in the examination of certain members of the groups to be sent to Poland as rehabilitation units. The results of this study will be published as soon as further data are obtained. The other piece of work was done with the co-operation of the Yorkville District of the Charity Organization Society. It consists of an intensive study of the mental ability and character make-up of family groups. At the present time the data have not all been collected, as there are a few more families to be studied.

The Department was most fortunate in securing the services, as Assistant Psychologist, of Alice E. Paulsen, M. A., who has had much theoretical psychological training and over two years' practical work as a clinical psychologist. Under the existing conditions it has been necessary for the assistant psychologist to be working on part time. This is because of the crowded space in which the work must be accomplished.

Respectfully submitted,

GLADYS GRIFFITH TALLMAN, M.A.

## DONATIONS.

Financial donations are gratefully acknowledged from the following:

Mrs. William H. Bliss	Mr. Robert P. Perkins
Miss Mabel Choate	Mr. Charles Scribner
Senora Carreno	Mr. Thos. F. Ryan
Dr. Charles L. Dana	Mrs. Wm. S. Sloan
Mr. Sherman Day	Mrs. E. C. Smith
Dr. Charles A. Elsberg	Mr. Charles Steele
Mrs. Albert Erdman	Mrs. Sydney M. Sternbach
Mr. Charles Klingenstein	Mr. Robert Thorne
Mr. Robert S. Kersheedt	Mr. Isaac Townsend
Mr. H. K. Knapp	United Hospital Fund
Mr. and Mrs. Walter G. Ladd	Mr. Artemas Ward
Mr. James B. Lowell	Mr. Harrison Williams
Mrs. Alfred Mitchell	Mr. and Mrs. Richard H. Williams
Mr. Clarence B. Mitchell	Mr. R. Thornton Wilson
Mr. Marcus A. Meyers	Mr. Henry De Forest Weekes
Mrs. Charles Neave	Mr. Henry Wohlman

The following gifts were thoroughly enjoyed and appreciated by the patients and added to their comfort and happiness:

Christmas trees, holly, cut flowers, plants, dolls, toys, and games. Cut flowers and plants at Easter, magazines and books, jellies, jams and marmalade, fruit, raisin bread, cream cheese, rugs for the private rooms. New frame work and wire netting on the roof added zest to the games, while a new Victrola gladdened all the patients who are able to go to the roof and an electrical bake apparatus were contributed by:

Miss Belle Brazie	Mr. Samuel Hunter
Mrs. W. R. Coe	Mr. Louis Kadans
Mr. Sherman Day	Mr. and Mrs. Walter G. Ladd
Dr. Charles A. Elsberg	Mr. Robert P. Perkins
Miss Gertrude Hencken	Mr. and Mrs. Richard H. Williams
Miss Daisy Hitchcock	Messrs. Wingfield Taylor Co.





## **Form of Bequest**

I give and bequeath to the NEUROLOGICAL INSTITUTE OF YORK, a corporation created in the year 1909, under the Law of the State of New York, or to the Treasurer thereof for the being, for its corporate purposes, the sum of..... dollars.

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## **Form of Devise of Real Estate**

I give and devise to the NEUROLOGICAL INSTITUTE OF YORK, a corporation created in the year 1909, under the Law of the State of New York, for its corporate purposes, all that (Here describe the property.)





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